



State of Rhode Island Department of State - Business Services Division

Statement of Change of Registered Office

DOMESTIC or FOREIGN Partnership

→ No Filing Fee



•	RIGL <u>7-13.1-118</u> or <u>7-12.1-909</u> ti	_ · · · · · · · · · · · · · · · · · · ·	
Entity ID Number	pose of changing its registered office <i>ONLY</i> in the State of Rhode Island: 2 Exact Name of the Partnership		
000146478	DOLORES'S RETREAT, L.P.		
3. The address of the registere	d office as PRESENTLY shown in	the records on file with the R	Department of State DE >
50 Park Row West, Suite 111			46.47 1.5100 1.6000 0 05Mr 05
City/Town Providence		State RHODE ISLAND	Zip Code 02903
4 The address of the NEW reg	istered office is:	<u>-</u> .	
Street Address (<u>NQ1</u> a PO Box	50 Park Row West, Suite	e 107	
C.ty/Town Providence		State RHODE ISLAND	Zip Code 02903
	are and affirm that I have examin nents contained herein are true ar		of Registered Office by the
Name of a General Partner or Authorized Person of the Partnership			Date
Kim M. Madden			3.1.24
Signature of a General Partnership	er or Authorized Person of the P	artnership	

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov $a_{P:H}$