	State of Rhode Island Office of the Secretary of State	Fee: \$20.00
	Division Of Business Services	
	148 W. River Street	
1636	Providence RI 02904-2615 (401) 222-3040	
Limited Liebility Company		
Limited Liability Company Statement of Change of Reside (Section 7-16-11 of the General Laws		
	SECTION I	
The name of the limited liability cor	npany is	
663 Killingly Holdings, LLC		
SECTION II		
The address of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:		
200 CENTERVILLE ROAD SUITE 4	<u>WARWICK</u> , <u>RI 02886</u>	
The name of the registered agent as of State is:	PRESENTLY shown in the records on file with the Rhode Isla	and Secretary
PAUL J. VOTTA		
SECTION III		
The NEW address of the resident ag	ent is:	
No. and Street: <u>272 WEST EXCHA</u>	ANGE STREET, SUITE 001	
City or Town: <u>PROVIDENCE</u>	State: RI	Zip: <u>02903</u>
The name of the NEW resident ager	nt is: <u>MATTHEW J. LEONARD, ES</u>	<u>.</u>
	SECTION IV	
The appointment of a new resident agent and the change of address of the resident agent, as the case may be, shall become effective upon the filing of this statement.		
signing this instrument constitutes the perjury, that this instrument is that the second seco	at 1:03:34 PM. This electronic signature of the individual of the affirmation or acknowledgement of the signatory, under pe individual's act and deed or the act and deed of the company, e date of the electronic filing, in compliance with R.I. Gen. La	enalties of , and that the
<u>663 Killingly Holdings, LLC</u> Print Name of Limited Liability Co	ompany	

HEATHER PELOQUIN

Signature of Authorized Person

Form No. 642 Revised 09/07

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