RI SOS Filing Number: 202455314020 Date: 6/4/2024 1:48:00 PM



State of Rhode Island
Department of State - Business Services Division

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Statement of Change of Office

DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

Pursuant to the provisions of RIGL <u>7-16-11</u> the undersigned limited liability company submits the following statement for the purpose of changing its resident office **ONLY** in the State of Rhode Island:

1. Entity ID Number	2. Exact Name of the Limited Liability Company		
1056067	Edgement Realty LLC		
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 117 Vern dale Aug			
City/Town PROV.		State RHODE ISLAND	zip 02905
4. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 33 Nicer Ulle St			
City/Town Johnsfux		State RHODE ISLAND	zip 029194
5. Date when this Statement of Change of Resident Office will be effective: CHECK ONE BOX ONLY			
5. Date when this Statement	of Change of Resident Office v	vill be effective: CHECK ONE I	BOX ONLY
5. Date when this Statement of Date received (Upon filing)		vill be effective: CHECK ONE I	BOX ONLY
Date received (Upon filin			BOX ONLY
Date received (Upon filin Later effective date (Date Under penalty of perjury, I dec	ng)	ys from the date of filing)	
Later effective date (Date Under penalty of perjury, I dec Limited Liability Company, an Name of Authorized Person o	ng) e must be no more than 90 day clare and affirm that I have exa d that all statements contained f the Limited Liability Company	ys from the date of filing) mined this Statement of Chan I herein are true and correct.	ge of Resident Office by the
Later effective date (Date Under penalty of perjury, I dec Limited Liability Company, an Name of Authorized Person o	ng) e must be no more than 90 day clare and affirm that I have exa d that all statements contained	ys from the date of filing) mined this Statement of Chan I herein are true and correct.	ge of Resident Office by the
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MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 **Website:** www.sos.ri.gov

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BY_____

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I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this
office on this day:

June 04, 2024 01:48 PM

Gregg M. Amore Secretary of State

Treg M. Coure

