RI SOS Filing Number: 202460284550 Date: 9/23/2024 12:58:00 PM



## **Statement of Change of Office**

DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee



2014 SEP 23 P 12: 58

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		
000148557	103 HIGHLAND, LLC		
3. The address of the reside	ent office as PRESENTLY showr	n in the records on file with the	RI Department of State:
Street Address 1308 ATW	OOD AVENUE		
City/Town JOHNSTON		State RHODE ISLAND	<sup>Zip</sup> 02919
4. The address of the NEW			
Street Address (NOT a P.O. Bo	0x) 1300 DIVISION ROAD,	SUITE 305	
City/Town WEST WARWICK		State RHODE ISLAND	<sup>Zip</sup> 02893-7558
5. Date when this Statemen	nt of Change of Resident Office v	vill be effective: CHECK ONE	BOX ONLY
✓ Date received (Upon fine)	ling)		
Later effective date (Da	ate must be no more than 90 day	ys from the date of filing)	
	leclare and affirm that I have exa and that all statements contained		ge of Resident Office by the
Name of Authorized Person	of the Limited Liability Company	y	Date
DAVID J. LUCIER			09/18/24
Signature of Authorized Per	son of the Umited Liability Comp	pany	•

MAIL TO:

Division of Business Services

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

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

FORM 642A - Revised 01/2024

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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:

September 23, 2024 12:58 PM

Gregg M. Amore

Secretary of State

Tregs M. Coure

