RI SOS Filing Number: 202460285610 Date: 9/23/2024 12:58:00 PM



Department of State - Business Services Division

Statement of Change of Office

DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

RECEIVED : R.I. DEPT. OF STATE BUS SVCS DIV

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		
000133154	237 NEWMAN AVE., LLC		
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 1308 ATWOOD AVENUE			
City/Town JOHNSTON		State RHODE ISLAND	^{Zip} 02919
4. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 1300 DIVISION ROAD, SUITE 305			
City/Town WEST WARWICK		RHODE ISLAND	^{Zip} 02893-7558
5. Date when this Statement of Change of Resident Office will be effective: CHECK ONE BOX ONLY			
✓ Date received (Upon filing)			
Later effective date (Date must be no more than 90 days from the date of filing)			
	clare and affirm that I have exa nd that all statements contained		ge of Resident Office by the
Name of Authorized Person of	of the Limited Liability Company	1	Date
DAVID J. LUCIER			09/18/24
Signature of Authorized Poly	on of the Imited Liability Comp	pany	
	1		

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov SEP 23 2024 BY HA. 12158 PM

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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

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