



State of Rhode Island  
Department of State - Business Services Division

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2024 SEP 23 P 12:59  
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### Statement of Change of Office

DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

Pursuant to the provisions of RIGL 7-16-11 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 000132088		2. Exact Name of the Limited Liability Company 1160 PAWTUCKET AVENUE LLC	
3. The address of the resident office as <b>PRESENTLY</b> 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 <b>NEW</b> resident office is:			
Street Address (NOT a P.O. Box) 1300 DIVISION ROAD, SUITE 305			
City/Town WEST WARWICK	State RHODE ISLAND	Zip 02893-7558	
5. Date when this Statement of Change of Resident Office will be effective: <b>CHECK ONE BOX ONLY</b>			
<input checked="" type="checkbox"/> Date received (Upon filing)			
<input type="checkbox"/> Later effective date (Date must be no more than 90 days from the date of filing) _____			
Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Resident Office by the Limited Liability Company, and that all statements contained herein are true and correct.			
Name of Authorized Person of the Limited Liability Company DAVID J. LUCIER		Date 09/18/24	
Signature of Authorized Person of the Limited Liability Company 			

**MAIL TO:**

**Division of Business Services**

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

Phone: (401) 222-3040

Website: [www.sos.ri.gov](http://www.sos.ri.gov)

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