



**State of Rhode Island
Office of the Secretary of State**

No Fee

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Foreign Limited Liability Company

Statement of Change of Address of the Resident Agent

(Section 7-16-11(c)(1) of the General Laws of Rhode Island, 1956, as amended)

SECTION I

The name of the limited liability company is

Hawthorne Vista, 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:

150 CHESTNUT STREET 2ND FLOOR PROVIDENCE , RI 02903

SECTION III

The NEW address of the resident agent is:

No. and Street: 2374 POST ROAD

SUITE 112

City or Town: WARWICK

State: RI

Zip: 02886

SECTION IV

The change of address of the resident agent shall become effective upon the filing of this statement, or on

(a date not prior to, nor more than 90 days after, filing this Statement)

Signed this 3 Day of December, 2024 at 9:03:02 AM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

VIN RINALDI, ESQ.

Signature of Resident Agent

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State of Rhode Island

Department of State | Office of the Secretary of State

Gregg M. Amore, *Secretary of State*

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:

December 03, 2024 09:02 AM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Gregg M. Amore
Secretary of State

