



State of Rhode Island
Department of State - Business Services Division

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CORPORATIONS
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Statement of Change of Manager's Address

DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

Pursuant to the provisions of RIGL 7-16 the undersigned limited liability company submits the following statement for the purpose of changing its manager's address **ONLY**. This form cannot be used to change the name of the manager of a limited liability company.

| | | | |
|--|-------------|---|--|
| 1. Entity ID Number 000151226 | | 2. Exact Name of the Limited Liability Company LAW OFFICES OF DAVID F. REILLY, ESQ., LLC | |
| 3. The name and address of the manager as PRESENTLY shown in the records on file with the RI Department of State: | | | |
| Name of Manager DAVID F REILLY | | | |
| Street Address 22 WEST MAIN STREET | | | |
| City/Town NORTH KINGSTOWN | State RI | Zip 02852 | |
| 4. The NEW address of the manager is: | | | |
| Street Address 7630 B POST ROAD | | | |
| City/Town NORTH KINGSTOWN | State RI | Zip 02852 | |
| 5. Date when this Statement of Change of Manager's Address will be effective: CHECK ONE BOX ONLY | | | |
| <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 Manager's Address 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 F. REILLY | | Date 12 / 16 / 2024 | |
| Signature of Authorized Person of the Limited Liability Company <i>David F. Reilly, Esq.</i> | | | |

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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