



State of Rhode Island  
Department of State - Business Services Division

RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIV

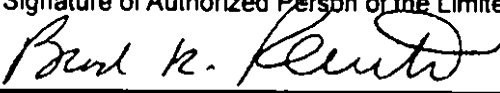
2025 JAN 10 AM 11:25

**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<br>518755                                                                                                                                                                                    |  | 2. Exact Name of the Limited Liability Company<br>DMC Holdings, 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 655 Mendon Road                                                                                                                                                                                   |  |                                                                     |           |
| City/Town Cumberland                                                                                                                                                                                             |  | State RHODE ISLAND                                                  | Zip 02864 |
| 4. The address of the <b>NEW</b> resident office is:                                                                                                                                                             |  |                                                                     |           |
| Street Address (NOT a P.O. Box) 8 Farnworth Drive                                                                                                                                                                |  |                                                                     |           |
| City/Town Lincoln                                                                                                                                                                                                |  | State RHODE ISLAND                                                  | Zip 02865 |
| 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<br>Brad R. Pelletier, Esq.                                                                                                                            |  |                                                                     | Date      |
| Signature of Authorized Person of the Limited Liability Company<br>                                                           |  |                                                                     |           |

**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)

FILED A/RP

JAN 10 2025  
BY AA-1129AM