



State of Rhode Island  
Department of State - Business Services Division

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CORPORATIONS DIV.

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FOR  
ANY USE  
ONLY

### 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>001760443                                                                                                                                                                                 |  | 2. Exact Name of the Limited Liability Company<br>Sutton Properties 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><i>Brad R. Pelletier</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](http://www.sos.ri.gov)

FILED

JAN 10 2025

STAMP

BY AA 11:29 AM



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:

January 10, 2025 11:29 AM

A handwritten signature in black ink that reads "Gregg M. Amore". The signature is written in a cursive style with a large, stylized "G" and "A".

Gregg M. Amore  
*Secretary of State*

