



State of Rhode Island
Department of State - Business Services Division

2025 FEB 27 PM 3:19

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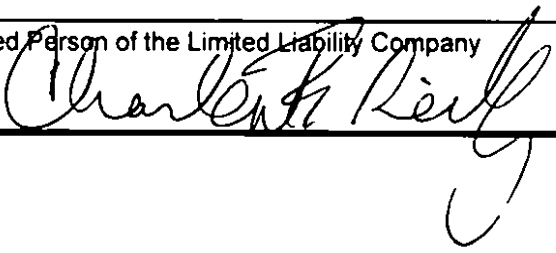
FOR
SECRETARY OF STATE
USE ONLY

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 000101630 | | 2. Exact Name of the Limited Liability Company D & F Assoicates, LLC | |
| 3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: | | | |
| Street Address 1130 Ten Rod Road, Suite F-201 | | | |
| City/Town North Kingstown | State RHODE ISLAND | Zip 02852 | |
| 4. The address of the NEW resident office is: | | | |
| Street Address (NOT a P.O. Box) 1130 Ten Rod Road, Suite D-306 | | | |
| City/Town North Kingstown | State RHODE ISLAND | Zip 02852 | |
| 5. Date when this Statement of Change of Resident Office 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) _____ | | | |
| <i>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.</i> | | | |
| Name of Authorized Person of the Limited Liability Company Charles F. Reilly, Esq. | | | Date 2/25/25 |
| 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

FILED

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FEB 27 2025
BY **AA-3:19pm**



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:

February 27, 2025 03:19 PM

A handwritten signature in black ink that reads "Gregg M. Amore". The signature is fluid and cursive.

Gregg M. Amore
Secretary of State

