RI SOS Filing Number: 202577682580 Date: 8/15/2025 11:12:00 AM



Statement of Change of Office DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

1. Entity ID Number	urpose of changing its resident office in the State of Rhode Island:  2. Exact Name of the Limited Liability Company		
001771742	RMM PROPERTY MANAGEMENT, LLC		
3. The address of the res			
Street Address 14 MOORE	ident office as PRESENTLY shows	in the records on file with the	RI Department of State:
City/Town CENTRAL FALLS		State RHODE ISLAND	Zip 02863
4. The address of the NE	W resident office is:		
Street Address (NOT a P.O.	Box) 14 MOORE STREET		
City/Town CENTRAL FALLS		State RHODE ISLAND	Zip <b>02863</b>
5. Date when this Statem	ent of Change of Resident Agent w	III be effective: CHECK ONLY	ONE BOX
Date received (Upor	a filing) Date must be no more than 30 day	08/0	8/2025
Cirilled Clability Company	l declare and affirm that I have exa r, and that all statements contained	herein are true and correct.	ge of Resident Agent by the
Name of Authorized Pers	on of the Limited Liability Company		Date
MANRIQUE MARTINEZ			08/08/2025
Signature of Authorized P	erson of the Limited Liability Comp	any JMENT HERE 1.	

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov AUG 15 2025 STAMP 1CBM P

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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:

August 15, 2025 11:12 AM

Gregg M. Amore

Secretary of State

Tregs M. Coure

