



State of Rhode Island
Department of State - Business Services Division

Statement of Change of Registered Office

DOMESTIC or FOREIGN Partnership

→ No Filing Fee

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BUS SVCS DIV

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Pursuant to the provisions of RIGL 7-13.1-118 or 7-12.1-909 the undersigned partnership submits the following statement for the purpose of changing its registered office **ONLY** in the State of Rhode Island:

1. Entity ID Number 000049969		2. Exact Name of the Partnership ATT Associates, LP	
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 18 Greenwood Lane			
City/Town Lincoln	State RHODE ISLAND	Zip Code 02865	
4. The address of the NEW registered office is:			
Street Address (NOT a P.O. Box) 2 Downs Drive			
City/Town Lincoln	State RHODE ISLAND	Zip Code 02865	
Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Registered Office by the Partnership, and that all statements contained herein are true and correct.			
Name of a General Partner or Authorized Person of the Partnership Mary Mechrefe			Date 8-1-2025
Signature of a General Partner or Authorized Person of the Partnership <i>Mary Mechrefe</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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