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Pursuant to the provisions of RIGL 7-16-11 the undersigned limited liability company submits the



Statement of Change of Office

DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

STAMP

FOR SECRETARY OF STATE USE ORLY

following statement for the pur	pose of changing its resident o	office ONLY in the State of Rho	ode Island:
1. Entity ID Number	2. Exact Name of the Limited Liability Company		
000525865	AMEEN REALTY, LLC		
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 910 SOUTH ROAD			
City/Town EAST GREENWICH		State RHODE ISLAND	^{Zip} 02818
4. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 18 MISS FRY DRIVE			
City/Town EAST GREENWICH		State RHODE ISLAND	^{Zip} 02818
5. Date when this Statement of Change of Resident Office will be effective: CHECK ONE BOX ONLY			
Date received (Upon filing)			
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 Date			
Babak Raissi-President of LLC Sep 4/2025			
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 SEP 0 4 2025

BY USE OF F

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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:

September 04, 2025 12:38 PM

Gregg M. Amore Secretary of State

Treg M. Coure

