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State of Rhode island

Department of State - Business Services Division

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Designation of Registered Agent/Office

DOMESTIC or FOREIGN Partnership

→ No Filing Fee

Pursuant to the provisions of RIGL <u>7-13.1-118</u> or <u>7-12.1-909</u> the undersigned partnership submits the following statement for the purpose of designating a registered agent and office in the State of Rhode Island:

	·		
1. Entity ID Number	2. Exact Name of the Partnership		
000048154	395 Angell Associates		
3. The address of the registered office is:			
Street Address (NOT a P.O. Box) One Park Row, Suite 300			
City/Town Providence		State RHODE ISLAND	^{Zip} 02903
4. The name of the registered agent is:			
Chace Ruttenberg & Freedman, LLP			
5. Under penalty of perjury, I declare and affirm that I have examined this Statement of Designation of Registered Office by the Partnership, and that all statements contained herein are true and correct.			
Name of a General Partner or Authorized Representative		· · · · · · · · · · · · · · · · · · ·	Date
Carl I Freedman			9110/25
Signature of the a General Partner of Authorized Representative			

MAIL TO:

Division of Business Services148 W. River Street, Providerice, Rhode Island 02904-2615

Phone: (401) 222-3040 **Website:** www.sos.ri.gov

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