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## **Department of State - Business Services Division**

## RECEIVED R.I. DEPT. OF STATE BUS SVCS DIV

## Statement of Change of Office DOMESTIC or FOREIGN Limited Liabil

DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

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•	e purpose of changing its resident of	, , ,		
1. Entity ID Number	2. Exact Name of the Limited	2. Exact Name of the Limited Liability Company		
128998	RPB PROPERTIES, LLC			
3. The address of the res	sident office as PRESENTLY showr	in the records on file with the	RI Department of State:	
Street Address 10 Dorra	nce Street, Suite 530			
City/Town Providence		State RHODE ISLAND	<sup>Zip</sup> 02903	
4. The address of the NE	W resident office is:		-	
Street Address ( <u>NOT</u> a P.O.	Box) 235 Promenade Street,	Suite 475		
City/Town Providence		State RHODE ISLAND	<sup>Zip</sup> 02908	
5. Date when this Statem	nent of Change of Resident Office v	vill be effective: CHECK ONE	BOX ONLY	
✓ Date received (Upon	n filing)			
Later effective date	(Date must be no more than 90 day	ys from the date of filing)		
	I declare and affirm that I have exa y, and that all statements contained		ge of Resident Office by the	
Name of Authorized Person of the Limited Liability Company			Date	
Bruce A. Wolpert, Esq.			August 23, 2022	
81gnature of Authorized	Person of the Limited Liability Comp	pany		
•	11"			

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

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

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I, NELLIE M. GORBEA, 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 26, 2022 02:42 PM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

