

State of Rhode Island

Department of State - Business Services Division

Statement of Change of Office

DOMESTIC or FOREIGN Limited Liability Company

---> No Filing Fee

Pursuant to the provisions of RIGL 7-16-11 the undersigned limited liability company submits the following statement for the purpose of changing its resident office ONLY in the State of Rhode

1. Entity ID Number 536883	2. Exact Name of the Limited Liability Company GPM 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 144 Wayland Avenue			
City/Town Providence		State RHODE ISLAND	Zip 02906
4. The address of the NEW resident office is:			
Street Address (<u>NOT</u> a P.O. Box) 211 Quaker Lane, Suite 201			
^{City/Town} West Warwick		State RHODE ISLAND	zip 02893
5. Date when this Statement of Change of Resident Office will be effective: CHECK ONE BOX ONLY			
Date received (Upon filing) \square Later effective date (Date must be no more than 30 days from the date of filing) <u>$10/24/2022$</u>			
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
Orson and Brusini Ltd.			10/21/2022
Signature of Authorized Person of the Limited Liability Company			

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MAIL TO: Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040 Website: www.sos.ri.gov State of Rhode Island Department of State | Office of the Secretary of State Nellie M. Gorbea, Secretary of State

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:

October 21, 2022 12:49 PM

Tulli U. Kole

Nellie M. Gorbea Secretary of State

