

## State of Rhode Island and Providence Plantations Department of State - Business Services Division

148 W. River Street, Providence, Rhode Island 02904-2615 **Phone:** (401) 222-3040 | **Email:** corporations@sos.ri.gov | **Website:** www.sos.ri.gov

SECRETARY OF STATE CDAPORATIONS DIV

## Statement of Change of Resident Office 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 in the State of Rhode Island:

1 1 0 0			
1. Entity ID Number	2. Exact Name of the Limited Liability Company		
001661662	Cowboys LLC		
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 1785 Cranston Street 725 Branch Ave (Unit 125)			
City/Town Cranston Providence		State RHODE ISLAND	Zip 02920 02904
4. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 350 River Street			
City/Town Woonsocket		State RHODE ISLAND	<sup>Zip</sup> 02895
5. Date when this Statement of Change of Resident Office will be effective: CHECK ONLY ONE BOX			
Date received (Upon filing)  Later effective date (Date must be no more than 30 days from the day of filing)			
Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Resident Office, and that all statements contained herein are true and correct.			
Name of the Resident Agent/Authorized Person of the Limited Liability Company			Date
James Rutkovsky			5/16/16
Signature of the Resident Agent/Authorized Person of the Liability Company			

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Form No. 642A Revised: 2016 I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island and Providence Plantations, 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:

Nellie M. Gorbea
Secretary of State

Tullin U. Horler

