



State of Rhode Island and Providence Plantations  
Department of State - Business Services Division  
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RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIV  
2016 MAY 16 AM 11:26

**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. 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 <del>1785 Cranston Street</del> → 725 Branch Ave (Unit 125)			
City/Town <del>Cranston</del> Providence	State RHODE ISLAND	Zip <del>02920</del> 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	Zip 02895	
5. Date when this Statement of Change of Resident Office will be effective: CHECK ONLY ONE BOX			
<input checked="" type="checkbox"/> Date received (Upon filing)			
<input type="checkbox"/> 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 Limited Liability Company			

FILED

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