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State of Rhode Island and Providence Plantations

## **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 in the State of Rhode Island:			
1. Entity ID Number	2. Exact Name of the Limited Liability Company		R.1
001657625	PVDonuts	V	NOV YOUR
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 30 EUC	igneen St #1	1_	OF S CS D AM
City/Town PROVICE	nce	State RHODE ISLAND	Zip 039062 <
4. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 74 Abboth St #3			
city/Town PROVICE	nce	State RHODE ISLAND	Zip 02906
5. Date when this Statement of Change of Resident Agent 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 Agent 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 11/16/17
Paul M. Kettelle			
Signature of Authorized Person of the Limited Liability Company			
SIGN DOCUMENT HERE			

MAIL TO:

**Division of Business Services**148 W. River Street, Providence, Rhode Island 02904-2615

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

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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:

November 21, 2017 11:24 AM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

