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## **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:		
Entity ID Number     2. Exact Name of the Limited Liability Company		
1679482- New England Downtown Catering Services, L		
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:		
Street Address 77 Federal St		
City/Town Woon So cleet	State RHODE ISLAND	zip 02895
4. The address of the NEW resident office is:		
Street Address (NOT a P.O. Box)  5 3 Feeler al 87		
City/Town	State	7in -
Worm so cket	RHODE ISLAND	Zip 02895
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	у	Date
KWADWO A. YEBOAA	1	11/30/18
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 FILED M NOV 3 0 2018 BY M 3:28 RI SOS Filing Number: 201882013070 Date: 11/30/2018 3:28:00 PM



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 30, 2018 03:28 PM

Nellie M. Gorbea
Secretary of State

Tullin U. Soler

