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2019 SEP 25 A 11: 43



Department of State - Business Services Division

Statement of Change of Office DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

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|----------------------------|--|

| 1. Entity ID Number | 2. Exact Name of the Limited Liability Company | | |
|--|--|------------------------------|------------------------------|
| 001658322 | BOSSA, LLC | | |
| 3. The address of the res | Ident office as PRESENTLY shown in | the records on file with the | RI Department of State: |
| Qiraai Adrisaas | LAS PIKE, SUITE 102 | | |
| City/Town SMITHFIELD | | RHODE ISLAND | Zip 02917 |
| 4. The address of the NE | W resident office is: | | |
| Street Address (<u>NOT</u> a P.O. | Box) 1364 8MITH STREET | | |
| City/Town NORTH PROVIDENCE | | RHODE ISLAND | Zip 02911 |
| Date when this Statem | ent of Change of Resident Office will I | be effective: CHECK ONE | BOX ONLY |
| ✓ Date received (Upor | i filing) | | <u>-</u> - |
| Later effective date | Date must be no more than 90 days f | rom the date of filing) | |
| Under penalty of parjury, | l declare and affirm that I have examily, and that all statements contained he | ned this Statement of Chan | ge of Resident Office by the |
| Name of Authorized Person of the Limited Liability Company | | Date | |
| JAMES BARROWS, CPA | | | 09/27/19 |
| | | у | |

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2815 Phone: (401) 222-3040

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FORM 642A - Revised: 12/2018

RI SOS Filing Number: 201921390160 Date: 9/25/2019 11:43:00 AM



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:

September 25, 2019 11:43 AM

Nellie M. Gorbea Secretary of State

Tullin U. Korler

