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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 **ONLY** in the State of Rhode

1. Entity ID Number 000148296		2. Exact Name of the Limited Liability Company PYRAMID WEALTH ADVISORY SERVICES LTD	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 27 DRYDEN LANE			
City/Town PROVIDENCE	State RHODE ISLAND	Zip 02904	
4. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 155 SOUTH MAIN ST, SUITE 100			
City/Town PROVIDENCE	State RHODE ISLAND	Zip 02903	
5. Date when this Statement of Change of Resident Office will be effective: CHECK ONE BOX ONLY			
<input checked="" type="checkbox"/> Date received (Upon filing)			
<input type="checkbox"/> Later effective date (Date must be no more than 90 days from the date of filing) _____			
<i>Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Resident Office by the Limited Liability Company, and that all statements contained herein are true and correct.</i>			
Name of Authorized Person of the Limited Liability Company THOMAS LISI			Date 11/30/19
Signature of Authorized Person of the Limited Liability Company <i>Thomas Lisi</i> 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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 2019 DEC -5 PM 2:27
 DEC 05 2019
 A.A. 2:29 p.m.