RI SOS Filing Number: 202059593470 Date: 9/30/2020 1:31:00 PM



State of Rhode Island

Department of State - Business Services Division

R.I. DEPT. OF STATE BUS SYCS DIV	
2020 SEP 30 PM 1: 31	
, VET 30 PM 1:31	

Statement of Change of Office

DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

following statement for the pur			
1. Entity ID Number	2. Exact Name of the Limited Liability Company		
00/677670	ItALIAN GOOKING HOLIDAY LLC		
3. The address of the residen	t office as PRESENTLY shown	in the records on file with the	RI Department of State:
Street Address 302 Wめりらい	de Drive		
City/Town Nu.PROVIDENCE		State RHODE ISLAND	Zip 0'2904
4. The address of the NEW re	esident office is:		
Street Address (NOT a P.O. Box)			•
City/Town SMAhFIRLD		RHODE ISLAND	zip 02917
5. Date when this Statement	of Change of Resident Office w	vill be effective: CHECK ONE	BOX ONLY
Date received (Upon filing	ng)		
Later effective date (Date	e must be no more than 90 day	ys from the date of filing)	
	clare and affirm that I have exa d that all statements contained		ge of Resident Office by the
Name of Authorized Person o	of the Limited Liability Company	1	Date 201021
E210 GENTIL	6		9-30-2020
Signature of Authorized Person	on of the Limited Liability Comp	pany	
Eis 9	Penth		

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

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BY CM 1.31

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I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island, 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 30, 2020 01:31 PM

Nellie M. Gorbea Secretary of State

Tulli U. Horler

