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State of Rhode Island

Department of State - Business Services Division

R.I. DEPT. OF STATE BUS SVCS DIV

· 2020 OCT 28 A \$ 23

Statement of Change of Office

DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

Pursuant to the provisions of F		• • • •	
following statement for the pur	pose of changing its resident o	ffice ONLY in the State of Rho	ode
Entity ID Number	2. Exact Name of the Limited Liability Company		
001316096	THE CHARLES STREET DINER LLC		
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 1417 DOUGLAS AVE			
City/Town NORTH PROVIDENCE		State RHODE ISLAND	Zip 02904
4. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 2227 MINERAL SPRING AVE			
City/Town NORTH PROVIDENCE		State RHODE ISLAND	Zip 02911
5. Date when this Statement of Change of Resident Office will be effective: CHECK ONE BOX ONLY			
✓ Date received (Upon filing)			
Later effective date (Date must be no more than 90 days from the date of filing)			
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.			
Name of Authorized Person of the Limited Liability Company			Date
ROBERTA RICCI			10/27/2020
Signature of Authorized Person of the Limited Liability Company Adduser Holes			

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, 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:

October 28, 2020 09:23 AM

Nellie M. Gorbea Secretary of State

Tullin U. Horler

