RI SOS Filing Number: 202192617170 Date: 2/22/2021 3:42:00 PM



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 res	sident office ONLY in the State of Rh	ode
1. Entity ID Number	2. Exact Name of the I	Limited Liability Company	
000151755	Milva Ca	tallozi P.T., L	lc .
3. The address of the resi	dent office as PRESENTLY	shown in the records on file with the	RI Department of State
Street Address 255	Brogdway		
City/Town Prov	ridence '	State RHODE ISLAND	Zip 02909
4. The address of the NEV	V resident office is:		
Street Address (NOT a P.O.)	Mwood Atwood	1 Avenue	
City/Town	anston	State RHODE ISLAND	Zip OSPIC
5. Date when this Stateme	ent of Change of Resident (Office will be effective: CHECK ONE	BOX ONLY
Pate received (Upon	filing)		
Later effective date (Date must be no more than	90 days from the date of filing)	
		ave examined this Statement of Char ntained herein are true and correct.	nge of Resident Office by the
Name of Authorized Person	on of the Limited Liability Co	bardi	2-17-201
Signature of Authorized	erson of the Limitod Liablin	y Company	

3:42

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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FORM 642A - Revised: 08/2020

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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:

February 22, 2021 03:42 PM

Nellie M. Gorbea
Secretary of State

Tulli U. Horler

