RI SOS Filing Number: 202193914070 Date: 3/12/2021 12:33:00 PM



State of Rhode Island

**Department of State - Business Services Division** 

Statement of Change of Office
DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

=

•	s of RIGL <u>7-16-11</u> the undersigned i e purpose of changing its resident o	, , ,		
1. Entity ID Number	<del></del>	2. Exact Name of the Limited Liability Company		
001660970	3 BC WHOLESALE LLC	3 BC WHOLESALE LLC		
3. The address of the res	sident office as PRESENTLY shown	n in the records on file with the	RI Department of State:	
Street Address 1302 ELMV	OP STANDOR	72		
City/Town CRANSTON		State RHODE ISLAND	Zip 02910	
4. The address of the NE		·	ı	
Street Address (NQT a PO	Box) 1010 ATWELLS AVE			
City/Town PROVIDENCE		State RHODE ISLAND	Zip 02909	
5. Date when this Statem	nent of Change of Resident Office v	vill be effective: CHECK ONE	BOX ONLY	
Date received (Upo	n filing)			
Later effective date	(Date must be no more than 90 day	ys from the date of filing)		
	I declare and affirm that I have exa y, and that all statements contained		ge of Resident Office by the	
Name of Authorized Pers	son of the Limited Liability Compan	y	Date	
Bhi A	Cortorreal	) 	03/08/2021	
Signature of Authorized I	Person of the Limited Liability Com	pany		
Y-LUAU	A hy Sorreal			

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

MAR 1 2 2021

FORM 642A - Revised - 08 2020

RI SOS Filing Number: 202193914070 Date: 3/12/2021 12:33:00 PM



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:

March 12, 2021 12:33 PM

Nellie M. Gorbea Secretary of State

Tullin U. Horler

