RI SOS Filing Number: 202103690250 Date: 10/22/2021 1:15:00 PM



REDSTYED R.I. DEPT. OF STATE BUS SVCS DIV

2021 OCT 22 PH 1: 15

Statement of Change of Office

DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

Pursuant to the provisions of RIGL <u>7-16-11</u> 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	2. Exact Name of the Limited Liability Company		
001730884	Pam's Grill	LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address Zoar Street			
No. Providence		State RHODE ISLAND	Zip 02911
4. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 2 ZOAR STREET			
No . 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
Milliael Acre			10/22/2021
Signature of Authorized Person of the Limited Liability Company			
Michael Azor			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Phone: (401) 222-3040 Website: www.sos.ri.gov 1:15

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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 22, 2021 01:15 PM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

