RI SOS Filing Number: 202105238180 Date: 11/19/2021 3:51:00 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

R.I. DEPT. OF STATE BUS SVCS DIV

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

Entity ID Number	2. Exact Name of the Limited Liability Company		
1677502	RHODE ISLAND	COLOR EMERIA	NENT LLC
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 1155 WESTMINSTER ST WIT 220			
City/Town PEOVIOENCE		State RHODE ISLAND	Zip 02909
4. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 16 Edge hill Pd			
City/Town Providence		State RHODE ISLAND	2ip 02906
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 o	f the Limited Liability Company	1	Date
BARRETT PURDUM			11/5/2021
Signature of Authorized Person of the Limited Liability Company			
Pan My			

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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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:

November 19, 2021 03:51 PM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

