



State of Rhode Island

Department of State - Business Services Division

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 resident office **ONLY** in the State of Rhode

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RI DEPT OF STATE
BUS SVCS DIV
2021 NOV 19 PM 3:50

1. Entity ID Number 1677502		2. Exact Name of the Limited Liability Company RHODE ISLAND COLOR EXPERIMENT 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 UNIT 200			
City/Town PROVIDENCE		State RHODE ISLAND	Zip 02909
4. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 16 Edge Hill Rd			
City/Town Providence		State RHODE ISLAND	Zip 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 of the Limited Liability Company BARRETT PURDUM			Date 11/15/2021
Signature of Authorized Person of the Limited Liability Company 			

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

NOV 19 2021

BY **A.A. 3:51 PM**