



State of Rhode Island  
**Department of State - Business Services Division**



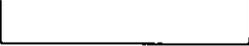
**Statement of Change of Office**

DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

RECEIVED  
 R.I. DEPT. OF STATE  
 BUS SVCS DIV **STAMP**  
 2022 JUL -8 P 2:12  
FOR THE SECRETARY OF STATE

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



|   |                       |  |  |
|---|-----------------------|--|--|
| 1. Entity ID Number<br>1712503  |                       | 2. Exact Name of the Limited Liability Company<br>Mona Lisa Restaurant & Amnesia Lounge LLC. |  |
| 3. The address of the resident office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:   |                       |  |  |
| Street Address 145 SPRUCE ST.   |                       |  |  |
| City/Town<br>PROVIDENCE   | State<br>RHODE ISLAND | Zip<br>02908   |  |
| 4. The address of the <b>NEW</b> resident office is:  |                       |  |  |
| Street Address (NOT a P.O. Box) 116 BEAUFORT ST.  |                       |  |  |
| City/Town<br>PROVIDENCE   | State<br>RHODE ISLAND | Zip<br>02908   |  |
| 5. Date when this Statement of Change of Resident Office will be effective: <b>CHECK ONE BOX ONLY</b>   |                       |  |  |
| <input checked="" type="checkbox"/> Date received (Upon filing)   |                       |  |  |
| <input type="checkbox"/> Later effective date (Date must be no more than 90 days from the date of filing) _____   |                       |  |  |
| <i>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.</i> |                       |  |  |
| Name of Authorized Person of the Limited Liability Company<br>ROBERT CAPPUCILLI   |                       | Date<br>7/8/2022   |  |
| Signature of Authorized Person of the Limited Liability Company<br>   |                       |  |  |

**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**  
 JUL 08 2022  
 AA-2:14pm **STAMP**  
FOR THE SECRETARY OF STATE



State of Rhode Island  
**Department of State | Office of the Secretary of State**  
**Nellie M. Gorbea**, *Secretary of State*

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:

July 08, 2022 02:14 PM

A handwritten signature in blue ink that reads "Nellie M. Gorbea".

Nellie M. Gorbea  
*Secretary of State*

