



State of Rhode Island

Department of State - Business Services Division

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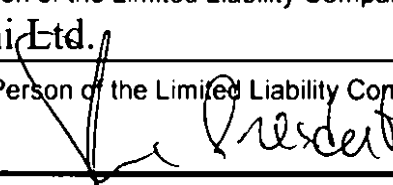
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Statement of Change of Office

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

1. Entity ID Number 164553		2. Exact Name of the Limited Liability Company Live Theatre, LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 144 Wayland Avenue			
City/Town Providence		State RHODE ISLAND	Zip 02906
4. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 211 Quaker Lane, Suite 201			
City/Town West Warwick		State RHODE ISLAND	Zip 02893
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 30 days from the date of filing) <u>10/24/2022</u>			
<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 Orson and Brusini Ltd.			Date 10/21/2022
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

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OCT 21 2022