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Statement of Change of Office DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

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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		
1712651	Clamorous	Grooning UC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 55 Silvercup Circle			
City/Town West Wi	arwick	State RHODE ISLAND	zip 02893
4. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 780 Reservoir Ave # 119			
City/Town (ran	ston	State RHODE ISLAND	Zip 02910
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

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

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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:

December 09, 2022 03:52 PM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

