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State of Rhode Island

**Department of State - Business Services Division** 

## RECEIVED ALL DEPT. OF STATE BUS SYCS DIV

2023 JAN 31 - A 9 33

## Statement of Change of Office

DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

following statement for the pur	pose of changing its resident o		
1. Entity ID Number	2. Exact Name of the Limited		
001698034	T.H.E.L.M	.A. Solution	ns, LLC
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 112 Moore	st.		
City/Town . Providence		State RHODE ISLAND	Zip @ 2907
4. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box)	8 Elmgrove	Ave #30	34
City/Town Provise		State RHODE ISLAND	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 dec Limited Liability Company, and			ge of Resident Office by the
Name of Authorized Person of the Limited Liability Company			Date /
Kraig Pereira			10/7/22
Signature of Authorized Perso	n of the Limited Liebility Comp	pany	
Illum price			
	7		<del></del>

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** 

JAN 31 2023

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I, GREGG M. AMORE, 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:

January 31, 2023 09:33 AM

Gregg M. Amore Secretary of State

Tregs M. Coure

