



State of Rhode Island

Department of State - Business Services Division

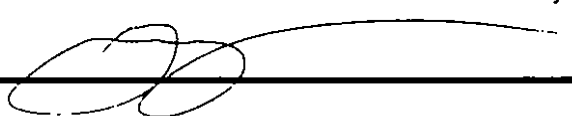
## Statement of Change of Office

DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

RECEIVED  
R.I. DEPT. OF STATE  
BUS SVCS DIV  
FOR  
SECRETARY OF STATE  
USE ONLY  
2023 MAR 14 P 1:36

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 001665123	2. Exact Name of the Limited Liability Company Prsic & Prsic 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 55 CROMWELL STREET UNIT 414			
City/Town PROVIDENCE,	State RHODE ISLAND	Zip 02907	
4. The address of the <b>NEW</b> resident office is:			
Street Address (NOT a P.O. Box) 55 CROMWELL STREET Suite 2A			
City/Town PROVIDENCE,	State RHODE ISLAND	Zip 02907	
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) _____			
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 ALMIN PRSIC		Date 03/14/2023	
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](http://www.sos.ri.gov)

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MAR 14 2023  
BY 62540