



Statement of Change of Office


DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

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 R.I. DEPT. OF STATE
 BUS SVCS DIV. OR CLERK OF SUPREME COURT

2023 APR 20 P 3:08

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 001721208		2. Exact Name of the Limited Liability Company Bois Media Group LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 265 Rhode St			
City/Town Providence		State RHODE ISLAND	Zip 02908
4. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 914 Park Ave 3rd Fl			
City/Town Cranston		State RHODE ISLAND	Zip 02910
5. Date when this Statement of Change of Resident Office will be effective: CHECK ONE BOX ONLY			
<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 Stanley Bois			Date 4/20/2023
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

FILED STAMP
 APR 20 2023
 BY AA 3:08 pm