



State of Rhode Island
Department of State - Business Services Division

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2023 APR 20 P 1:59 PM

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 1746576		2. Exact Name of the Limited Liability Company Cepeda enterprise LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 5 Morrill Ln			
City/Town North Providence	State RHODE ISLAND	Zip 02904	
4. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 435 North Broadway			
City/Town east providence	State RHODE ISLAND	Zip 02914	
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) _____			
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 Fernando A Cepeda JR		Date 20 April 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

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FILED
 STAMP
 APR 20 2023
 BY ML T3GTT