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State of Rhode Island

Department of State - Business Services Division

RECEIVED R.I. DEPT. OF STATE BUS SVCS DIV

2023 MAY - 3 PM 1: 08

Statement of Change of Office

DOMESTIC or FOREIGN Limited Liability Company

 \longrightarrow No Filing Fee

Pursuant to the provisions of R following statement for the pur	<u> </u>	imited liability company submi iffice <i>ONLY</i> in the State of Rho	
1. Entity ID Number	2. Exact Name of the Limited Liability Company		
001674348	A and J LLC		
3. The address of the residen	t office as PRESENTLY shown	in the records on file with the	RI Department of State:
Street Address 123 Narraga	nsett Ave		
City/Town Narragansett		State RHODE ISLAND	^{Zip} 02882
4. The address of the NEW re			· · · · · · · · · · · · · · · · · · ·
Street Address (<u>NOT</u> a P.O. Box)	47 Conanicus Ave	_	
City/Town Jamestown		State RHODE ISLAND	^{Zip} 02835
5. Date when this Statement of	of Change of Resident Office w	vill be effective: CHECK ONE	BOX ONLY
✓ Date received (Upon filing)	ng)		
Later effective date (Date	e must be no more than 90 day	ys from the date of filing)	
	clare and affirm that I have exa d that all statements contained		ge of Resident Office by the
Name of Authorized Person of the Limited Liability Company			Date
Julianne Fauxbel			4-24-2023
Signature of Authorized Perso	on of the Limited Liability Comp	pany	

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov MAY \$ 2023 (, 5%)

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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:

May 03, 2023 01:08 PM

Gregg M. Amore Secretary of State

Treg M. Coure

