



**Statement of Change of Office**

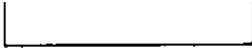
DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

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 R.I. DEPT. OF STATE  
 BUS SVCS DIV

2023 MAY -3 P 12:31

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 <b>001755963</b>		2. Exact Name of the Limited Liability Company <b>Alexandro Bentrais LLC</b>	
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 <b>237 Admiral St Rt Prov</b>			
City/Town <b>Providence</b>		State <b>RHODE ISLAND</b>	Zip <b>02908</b>
4. The address of the <b>NEW</b> resident office is:			
Street Address (NOT a P.O. Box) <b>24 Cordiss St Unit #41620</b>			
City/Town <b>Providence</b>		State <b>RHODE ISLAND</b>	Zip <b>02940</b>
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) _____			
<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 <b>Elgin Brown</b>			Date <b>5/3/23</b>
Signature of Authorized Person of the Limited Liability Company <b>E Brown</b>			

**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** 1231  
**MAY 03 2023**  
 BY \_\_\_\_\_