RI SOS Filing Number: 202335385450 Date: 5/8/2023 12:23:00 PM



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 SYCS DIV

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•	RIGL 7-16-11 the undersigned I	• • •	l l
Entity ID Number	r the purpose of changing its resident office <i>ONLY</i> in the State of Rhode 2. Exact Name of the Limited Liability Company		
001688216 KFamill LLC			
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 30 Monticello Road # 3053			
City/Town Pauticket		State RHODE ISLAND	2ip 0-801
4. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 273 Mendon NS			
City/Town Pauticket		RHODE ISLAND	D861
5. Date when this Statement of Change of Resident Office will be effective: CHECK ONE BOX ONLY			
Date received (Upon filing)			
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 Date			Date
Kusham Nelson 5/8/2003			
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 22

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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 08, 2023 12:23 PM

Gregg M. Amore

Treg M. Coure



