RI SOS Filing Number: 202335371390 Date: 5/8/2023 10:11:00 AM



State of Rhode Island Department of State - Business Services Division

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DOMESTIC or FOREIGN Limited Liability Company

Statement of Change of Office

→ No Filing Fee

2023 HAY -8 A 10: 11

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 Island:

1. Entity ID Number

2. Exact Name of the Limited Liability Company

1009 7-32

3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:

Street Address

100 1 70 7 00011 (2: Lic				
3. The address of the resident office as PRESENTLY shows	n in the records on file with the	RI Department of State:		
Street Address America St. a				
City/Town Providence	State RHODE ISLAND	Zip 0 2903		
4. The address of the NEW resident office is:				
Street Address (NOT a P.O. Box)	<u> </u>			
93 America St Aft.1				
City/Town Providence	State RHODE ISLAND	Zip O 2903		
5. Date when this Statement of Change of Resident Office v	vill 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 exc Limited Liability Company, and that all statements contained	amined this Statement of Chan	ge of Resident Office by the		
Under penalty of perjury, I declare and affirm that I have exc	amined this Statement of Chan d herein are true and correct.	Date		
Under penalty of perjury, I declare and affirm that I have ext Limited Liability Company, and that all statements contained Name of Authorized Person of the Limited Liability Compan	amined this Statement of Chan d herein are true and correct.	· · · · · · · · · · · · · · · · · · ·		
Under penalty of perjury, I declare and affirm that I have exc Limited Liability Company, and that all statements contained	amined this Statement of Chan d herein are true and correct. y	Date		

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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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 10:11 AM

Gregg M. Amore Secretary of State

Treg M. Coure

