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State of Rhode Island

Department of State - Business Services Division

R.I. DEPT. OF STATE BUS SYCS DIY STAMP 2023 HAY 25 A 8: 4 | STORETARY OF STATE

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 Island:	

1. Entity ID Number	2. Exact Name of the Limited Liability Company		
000163431	Awakenings Holistic Health Center, LIC		
3. The address of the reside	ent office as PRESENTLY shown	in the records on file with the	RI Department of State:
Street Address 14 Clayton	RD		
City/Town WARWICK		State RHODE ISLAND	Zip RI
4. The address of the NEW			
Street Address (NOT a P.O. Bo	87 CLYDE ST		
City/Town WEST WARW	ICK	State RHODE ISLAND	^{Zip} 02893
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)			
	declare and affirm that I have exa and that all statements contained		ge of Resident Office by the
Name of Authorized Person of the Limited Liability Company		Date	
Awakenings Holistic Health Center, LIC		5/23/2023	
Signature of Authorized Per	rson of the Limited Liability Comp	pany	
Carolyn R K	ing		
/			

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 TAIVIP

MAY 25 2023 FOR

BY A FILED TAIVIP

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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 25, 2023 08:56 AM

Gregg M. Amore Secretary of State

Treg M. Coure

