



2023 JUN 23 P 3: 19

Statement of Change of Office DOMESTIC or FOREIGN Limited Liability Company

 \rightarrow 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	In a contract of the contract	
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1. Entity ID Number	2. Exact Name of the Limited Liability Company			
001691585	MIRNAS HOUSE CLEANING LLC			
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:				
Street Address 29 WEALTH AVE				
City/Town PROVIDENCE		State RHODE ISLAND	^{Zip} 02908	
4. The address of the NEW resident office is:				
Street Address (NOT a P.O. Box) 55 DIVISION ST APT. 2				
City/Town PAWTUCKET		State RHODE ISLAND	^{Zip} 02860	
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	
MIRNA PEREZ			06/21/2023	
Signature of Authorized Person of the Limited Liability Company				
Mirac Parl Z				

MAIL TO:

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

Phone: (401) 222-3040 Websits: www.sos.rl.gov

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