



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

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: 2023 JUL 12 A 9:44

1. Entity ID Number 000964662		2. Exact Name of the Limited Liability Company CERON Domestic Service LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 63 Chester Street APT 1			
City/Town WOONSOCKET	State RHODE ISLAND	Zip 02895	
4. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 126 DANA Street			
City/Town WOONSOCKET	State RHODE ISLAND	Zip 02895	
5. Date when this Statement of Change of Resident Office will be effective: CHECK ONE BOX ONLY			
<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 JUAN CERON			Date 07/12/2023
Signature of Authorized Person of the Limited Liability Company JUAN CERON			

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
JUL 12 2023
BY: NRG-ww