

State of Rhode Island Department of State - Business Services Division

Statement of Change of Office

DOMESTIC or FOREIGN Limited Liability Company

--> No Filing Fee

Pursuant to the provisions of RIGL <u>7-16-11</u> 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 Li	2. Exact Name of the Limited Liability Company		
001761976	South and Cherry, LLC			
			Di Doportmont of Stato	
	dent office as PRESENTLY shown i		Ri Department of State.	
Street Address 1309 Atwo	ood Avenue			
City/Town Johnston		RHODE ISLAND	^{Zip} 02919	
4. The address of the NE			• · · · · · · · · · · · · · · · · · · ·	
Street Address (<u>NOT</u> a P.O.	^{Box)} 1308 Atwood Avenue			
City/Town Johnston	5	RHODE ISLAND	^{Zip} 02919	
5. Date when this Stateme	ent 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)		
	l declare and affirm that I have exam , and that all statements contained t		ge of Resident Office by the	
Name of Authorized Person of the Limited Liability Company			Date	
Joseph Ackaway			9/19/2023	
Signature of Authorized P	erson of the Limited Liability Compa	ny	L	

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	
SEP 2 2 2023 BY	1.94

State of Rhode Island Department of State | Office of the Secretary of State Gregg M. Amore, Secretary of State

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:

September 22, 2023 01:24 PM

Treng M. Course

Gregg M. Amore Secretary of State

