



State of Rhode Island  
Department of State - Business Services Division

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## 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 001707008		2. Exact Name of the Limited Liability Company Horror Depot LLC	
3. The address of the resident office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:			
Street Address 486 FAIRVIEW AVENUE			
City/Town COVENTRY		State RHODE ISLAND	Zip 02816
4. The address of the <b>NEW</b> resident office is:			
Street Address (NOT a P.O. Box) 9 MARIE DRIVE			
City/Town COVENTRY		State RHODE ISLAND	Zip 02816
5. Date when this Statement of Change of Resident Office will be effective: <b>CHECK ONE BOX ONLY</b>			
<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 JOSHUA DAHLIN			Date 09/25/2023
Signature of Authorized Person of the Limited Liability Company 			

**MAIL TO:**

Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: [www.sos.ri.gov](http://www.sos.ri.gov)

FILED

SEP 28 2023 11:10pm

BY LKS