



State of Rhode Island  
Department of State - Business Services Division

**Statement of Change of Office**

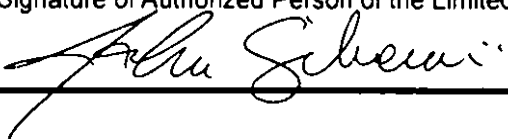
DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

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BUS SVCS DIV  
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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 001698416		2. Exact Name of the Limited Liability Company Coffee 'n Bagel Connection 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 50 CAMDEN ROAD			
City/Town NARRAGANSETT	State RHODE ISLAND	Zip 02882	
4. The address of the <b>NEW</b> resident office is:			
Street Address (NOT a P.O. Box) 15 MEADOW SWEET TRL			
City/Town SAUNDERSTOWN	State RHODE ISLAND	Zip 02874	
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) _____			
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 10/12/2023	
Signature of Authorized Person of the Limited Liability Company  JOHN SILVEIRA			

**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

OCT 12 2023

BY ML ISGKE

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