



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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R.I. DEPT. OF STATE
BUS SVCS DIV

2023 OCT 25 A 10:22

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 001697622 | | 2. Exact Name of the Limited Liability Company PUBLIC LLC | |
| 3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: | | | |
| Street Address 9 Melissa St. Apt. 2 27 Sims Ave | | | |
| City/Town Providence | | State RHODE ISLAND | Zip 02909 |
| 4. The address of the NEW resident office is: | | | |
| Street Address (NOT a P.O. Box) 9 Melissa St. Apt. 2 | | | |
| City/Town Providence | | State RHODE ISLAND | Zip 02909 |
| 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) _____ | | | |
| 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 Abdul Adilo | | | Date 10/25/23 |
| Signature of Authorized Person of the Limited Liability Company <i>Abdul Adilo</i> | | | |

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

OCT 25 2023

BY A.A. 10:25 AM



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:

October 25, 2023 10:25 AM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is fluid and cursive, with the first letters of each word being capitalized.

Gregg M. Amore
Secretary of State

