



State of Rhode Island  
Department of State - Business Services Division

REC'D RIDOS BSD  
 24 JAN 16 PM 1:15:55  
 STATE OF RHODE ISLAND

### 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 <b>000791358</b>	2. Exact Name of the Limited Liability Company <b>SHALVARI LLC</b>
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 <b>110 SAVOY STREET</b>	
City/Town <b>PROVIDENCE</b>	State <b>RHODE ISLAND</b> Zip <b>02906</b>
4. The address of the <b>NEW</b> resident office is:	
Street Address ( <u>NOT</u> a P.O. Box) <b>30 CHAPEL VIEW BLVD SUITE 220</b>	
City/Town <b>CRANSTON</b>	State <b>RHODE ISLAND</b> Zip <b>02920</b>
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 <b>ROBERT A SCHLOSS</b>	Date <b>1/12/2023</b>
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  
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**JAN 16 2024**  
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