



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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RI DEPT. OF STATE  
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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 <b>001726173</b>		2. Exact Name of the Limited Liability Company <b>GLEAM TEAM 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>47 1/2 BLOOMINGDALE AVENUE</b>			
City/Town <b>PAWTUCKET</b>		State <b>RHODE ISLAND</b>	Zip <b>02860</b>
4. The address of the <b>NEW</b> resident office is:			
Street Address (NOT a P.O. Box) <b>305 GROSVENOR AVE</b>			
City/Town <b>EAST PROVIDENCE</b>		State <b>RHODE ISLAND</b>	Zip <b>02914</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) _____			
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 <b>NELVA M. SANCHEZ</b>			Date <b>01/29/2024</b>
Signature of Authorized Person of the Limited Liability Company <i>Nelva Sanchez</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](http://www.sos.ri.gov)

FILED

JAN 29 2024

BY *ML*

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