



State of Rhode Island  
 Department of State - Business Services Division

REC'D RIDOS-BSD  
 24 FEB 2 AM 11:32:36  
 STATE OF RHODE ISLAND  
 SECRETARY OF STATE  
 USE ONLY

**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<br><i>1759799</i>   | 2. Exact Name of the Limited Liability Company<br><i>Adrian and the Crews LLC</i> |
| 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<br><i>367 TOWNAX ST.</i>   |   |
| City/Town<br><i>Pawtucket</i>   | State <b>RHODE ISLAND</b> Zip <i>02860</i>  |
| 4. The address of the <b>NEW</b> resident office is:  |   |
| Street Address (NOT a P.O. Box)<br><i>72 east. St.</i>  |   |
| City/Town<br><i>Pawtucket</i>   | State <b>RHODE ISLAND</b> Zip <i>02860</i>  |
| 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<br><i>Reynaldo Turbi Sanchez</i>   | Date<br><i>02-02-2024</i>   |
| Signature of Authorized Person of the Limited Liability Company<br><i>Reynaldo Turbi</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**  
**STAMP**  
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 FOR  
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 BY *WSTJX*



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:

February 02, 2024 11:32 AM

A handwritten signature in black ink that reads "Gregg M. Amore".

Gregg M. Amore  
*Secretary of State*

