



State of Rhode Island
Department of State - Business Services Division

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Statement of Change of Manager's Address / Updated Name
DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

Pursuant to the provisions of RIGL 7-16 the undersigned limited liability company submits the following statement for the purpose of changing its manager's address **ONLY**. This form cannot be used to change the name of the manager of a limited liability company.

1. Entity ID Number 001716090		2. Exact Name of the Limited Liability Company 594 River Avenue, LLC	
3. The name and address of the manager as PRESENTLY shown in the records on file with the RI Department of State:			
Name of Manager Michele L. Caprio			
Street Address 59 Rector Street			
City/Town East Greenwich		State RI	Zip 02818
4. The Updated Name of the manager is: Michele L. Brais			
Street Address 59 Rector Street			
City/Town East Greenwich		State RI	Zip 02818
5. Date when this Statement of Change of Manager's Address 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 Manager's Address by the Limited Liability Company, and that all statements contained herein are true and correct.			
Name of Authorized Person of the Limited Liability Company Michele L. Brais			Date 2/28/2024 10:30 PM PST
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

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FEB 29 2024
BY