RI SOS Filing Number: 202448220330 Date: 3/11/2024 1:13:00 PM



State of Rhode Island

Department of State - Business Services Division



Statement of Change of Office

DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

Pursuant to the provisions of RIGL <u>7-16-11</u> 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	2. Exact Name of the Limited Liability Company		
00/696176	ATTORDAMSE STAMP GRANING and PROPIS MANGGETTLY		
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address			
10 UATOR ST			
City/Town		State RHODE ISLAND	Zip
VEST VARVICE			02895
4. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box)			
33 Eddy STRUT			
City/Town		State	Zip
Ver WABWICK		RHODE ISLAND	02893
5. Date when this Statement of Change of Resident Office will be effective: CHECK ONE BOX ONLY			
✓ Date received (Upon filing)			
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			Date
JOSEPH E PORTUZ			3-11-24
Signature of Authorized Person of the Limited Liability Company			
/h			

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov 1:13

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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:

March 11, 2024 01:13 PM

Gregg M. Amore Secretary of State

Treg M. Coure

