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State of Rhode Island **Department of State - Business Services Division**

. Statement of Change of Office DOMESTIC or FOREIGN Limited Liability Company	1	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
→ 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 2. So Sq Perv	ises uc	- A Chata
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:		
Street Address 129 Springfield St		
City/Town Providence	State RHODE ISLAND	Zip 02909
4. The address of the NEW resident office is:		
Street Address (NOI a P.O. Box) 42 BURN Side 5+.		
City/Town Co	RHODE ISLAND	^{2ip} 02905
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) (Date ident Office by the		
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 Compar	ny	Date 3/13/24
Signature of Authorized Person of the Limited Liability Company TEIMA SOSA		
1811/10 303.		

MAIL TO:

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

Phone: (401) 222-3040 Website: www.sos.ri.gov MAR 1 3 2024

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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 13, 2024 10:47 AM

Gregg M. Amore Secretary of State

Treg M. Coure

