RI SOS Filing Number: 202449716940 Date: 3/28/2024 10:18:00 AM



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:

Ň
REC'D RIDGE BSD

1. Entity ID Number	2. Exact Name of the Limited Lia	2. Exact Name of the Limited Liability Company			
001735115	M & A Management LLC				
3. The address of the resi	dent office as PRESENTLY shown in	the records on file with the	RI Department of State:		
Street Address 461 SMIT	HFIELD AVENUE				
City/Town PAWTUCKET		RHODE ISLAND	^{Zip} 02860		
4. The address of the NE	N resident office is:		·		
Street Address (NOT a P.O.					
City/Town Central	Falls SI	RHODE ISLAND	62863		
5. Date when this Statement of Change of Resident Office will be effective: CHECK ONE BOX ONLY					
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		
Hed 2			3-28 24		
Signature of Authorized Person of the Limited Liability Company					
Hectur Rosa					

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 28 2024

BY 12 14 14

RI SOS Filing Number: 202449716940 Date: 3/28/2024 10:18:00 AM



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 28, 2024 10:18 AM

Gregg M. Amore Secretary of State

Treg M. Coure

