



REC'D RHODE ISLAND  
24 MAR 28 PM 2:38:51

### 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 <b>001690030</b>	2. Exact Name of the Limited Liability Company <b>Nutrition Thyme, LLC</b>
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 <del>1 Richmond Square Suite 333W</del> <b>47 Lafayette Drive</b>	
City/Town <del>Providence</del> <b>Bristol</b>	State <b>RHODE ISLAND</b>
Zip <del>02906</del> <b>02809</b>	
4. The address of the <b>NEW</b> resident office is:	
Street Address (NOT a P.O. Box) <b>291 Waterman St</b>	
City/Town <b>Providence</b>	State <b>RHODE ISLAND</b>
Zip <b>02906</b>	
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 <b>Nicole Arruda</b>	Date <b>3/25/24</b>
Signature of Authorized Person of the Limited Liability Company <i>Nicole Arruda</i>	

**FILED**

**MAR 28 2024**  
BY AA **2:38 pm.**

**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)