RI SOS Filing Number: 202449994230 Date: 4/2/2024 10:38:00 AM



State of Rhode Island

Department of State - Business Services Division

REC'D RIDCS ASD. 24 APR 2 AM 10:37:2

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 LB HWELYY LLL	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:	
Street Address 250 ESten Aw	
City/Town Pawtucket	State RHODE ISLAND Zip 02860
4. The address of the NEW resident office is:	
Street Address (NOT a P.O. Box) 227 Wermont Awe	
City/Town PCDV.	State RHODE ISLAND Zip 629 05
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 KENIN BERRIOS Date 122024	
Signature of Authorized Person of the Limited Liability Company	
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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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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:

April 02, 2024 10:38 AM

Gregg M. Amore

Secretary of State

Tregs M. Coure

