



State of Rhode Island  
Department of State - Business Services Division

## Statement of Change of Office

DOMESTIC or FOREIGN Limited Liability Company

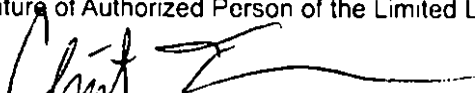
→ No Filing Fee

Pursuant to the provisions of RIGL 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:

REC'D RIDOS BSD  
24 APR 4 PM 1:12:42

STAMP

FILED  
DEPARTMENT OF STATE  
PROVIDENCE, RI 02840

1. Entity ID Number 001753568		2. Exact Name of the Limited Liability Company TOWNSON LITIGATION CONSULTING LLC	
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 5 TIDEWINDS LANE			
City/Town WESTERLY		State RHODE ISLAND	Zip 02891
4. The address of the <b>NEW</b> resident office is:			
Street Address (NOT a P.O. Box) 59 STAG CIRCLE			
City/Town CHARLESTOWN		State RHODE ISLAND	Zip 02813
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) _____			
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 CLINT TOWNSON			Date 03/27/24
Signature of Authorized Person of the Limited Liability Company 			

**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)

FILED

APR 4 2024

BY 