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State of Rhode Island
Department of State - Business Services Division

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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		
061705693	Walty k	sign CabineTLL	<u>C</u>
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address			
190 Broad ST. Suite 3W			
City/Town Providen Q		State RHODE ISLAND	2ip 02903
4. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box)			
1 Whoksh way			
City/Town /		State	Zip
Cranston		RHODE ISLAND	62920
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			Date
William Ris	<u>(()</u>		4.8.2024
Signature of Authorized Person of the Limited Liability Company			
Min			

MAIL TO:

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

Phone: (401) 222-3040 Website: www.sos.ri.gov APR -8 2024_

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FORM 642A - Revised: 01/2024

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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:

April 08, 2024 12:56 PM

Gregg M. Amore Secretary of State

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