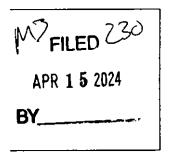
4

State of Rhode Island Department of State - Business Services Division			
→ 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 <b>ONLY</b> in the State of Rhode			
1. Entity ID Number	2. Exact Name of the Limited Liability Company		
001660758	Binge BBQ, LLC		
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 12 Broadway			
City/Town Newport		State RHODE ISLAND	Zip 02840
4. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box)			
333 Main St. City/Town Wathefield		State RHODE ISLAND	<sup>Zip</sup> 02879
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
Mark Bryson			04/11/24
Signature of Authorized Person of the Limited Liability Company			
Mills			

MAIL TO: Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040 Website: www.sos.ri.gov



FORM 642A - Revised 01/2024

State of Rhode Island Department of State | Office of the Secretary of State Gregg M. Amore, Secretary of State

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 15, 2024 02:30 PM

Treng M. Course

Gregg M. Amore Secretary of State

