State of Rhode Isla Department of S	nd itate - Business Service:	s Division		
→ No Filing Fee Pursuant to the provisions of F	e of Office I Limited Liability Compar RIGL <u>7-16-11</u> the undersigned I pose of changing its resident o	limited liability company submi		
1. Entity ID Number 001685440	2. Exact Name of the Limited Liability Company			
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:				
Street Address 13 Pratt St. Unit 2				
City/Town Providence		State RHODE ISLAND	Zip 02906	
4. The address of the NEW resident office is:				
Street Address (NOT a P.O. Box) 196A Waterman St - Unit 5				
City/Town Providence		State RHODE ISLAND	Zip 02906	
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 o Carolina Gazzolo Clark	f the Limited Liability Company	/	Date 04/14/2024	
Signature of Authorized Person of the Limited Liability Company				

		FILED
MAIL TO: Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040 Website: www.sos.ri.gov	1:16	APR 1 8 2024 BY

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 18, 2024 01:16 PM

Treng M. Course

Gregg M. Amore Secretary of State

