



State of Rhode Island
Department of State - Business Services Division

REC'D RID05, ASD
24 APR 19 PM 3:27:16
STATE OF RHODE ISLAND
CLERK OF STATE
OFFICE ONLY

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:

| | | | |
|--|------------------------------|--|--|
| 1. Entity ID Number 1729821 | | 2. Exact Name of the Limited Liability Company D & D Twin Lanterns LLC | |
| 3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: | | | |
| Street Address 464 Silver Spring St. | | | |
| City/Town Prov. RI | State RHODE ISLAND | Zip 02904 | |
| 4. The address of the NEW resident office is: | | | |
| Street Address (NOT a P.O. Box) 32 Tobin St. | | | |
| City/Town West Warwick | State RHODE ISLAND | Zip 02893 | |
| 5. Date when this Statement of Change of Resident Office will be effective: CHECK ONE BOX ONLY | | | |
| <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 Donise m. Henry | | Date 4/19/24 | |
| Signature of Authorized Person of the Limited Liability Company Donise M. Henry | | | |

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

3:27

FILED

APR 19 2024
BY **ml**
CLERK OF STATE
OFFICE ONLY



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 19, 2024 03:27 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Gregg M. Amore
Secretary of State

