



State of Rhode Island
Department of State - Business Services Division

REC'D RIDOS BSD
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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 001755078		2. Exact Name of the Limited Liability Company 602-604 SMITHFIELD AVENUE, LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 50 Park Row West, Suite 111			
City/Town Providence		State RHODE ISLAND	Zip 02903
4. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) Vieira & DiGianfilippo Ltd., 50 Park Row West, Suite 107			
City/Town Providence		State RHODE ISLAND	Zip 02903
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) _____			
<i>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.</i>			
Name of Authorized Person of the Limited Liability Company Charles A. Lombardi, Sr.			Date 4-10-24
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

FILED
APR 22 2024
BY ML
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