RI SOS Filing Number: 202453764520 Date: 5/2/2024 11:14:00 AM



State of Rhode Island Department of State - Business Services Division

PECD RIDOS BSD

Statement of Change of Office

DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

Pursuant to the provisions of R following statement for the pur			
1. Entity ID Number	2. Exact Name of the Limited Liability Company		
001764651	True Essence LLC		
3. The address of the residen	t office as PRESENTLY shown	in the records on file with the	RI Department of State:
Street Address 763 HIGH S	TREET, APT. 4		
CENTRAL FALLS		State RHODE ISLAND	^{Zip} 02863
4. The address of the NEW re	esident office is:		
Street Address (NOT a P.O. Box)	st.		
CityTown		RHODE ISLAND	2ip 02860
5. Date when this Statement of	of Change of Resident Office w	vill be effective: CHECK ONE	BOX ONLY
✓ Date received (Upon filing)	g)		
Later effective date (Date must be no more than 90 days from the date of filing)			
	clare and affirm that I have exa d that all statements contained		ge of Resident Office by the
Name of Authorized Person of the Limited Liability Company			Date
GISELLE ARNOLD			05/02/2024
Signature of Authorized Person	on of the Limited Liability Comp	pany	•

MAIL TO:

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

Phone: (401) 222-3040 Website: www.sos.ri.gov MAY - 2 2024 BY KC Ged

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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:

May 02, 2024 11:14 AM

Gregg M. Amore Secretary of State

Treg M. Coure

