



State of Rhode Island  
Department of State - Business Services Division

REC'D RIDGS BSD  
24 MAY 2 AM 10:58:49

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FOR  
SECRETARY OF STATE  
USE ONLY

## Statement of Change of Registered Office

DOMESTIC or FOREIGN Business Corporation

→ No Filing Fee

Pursuant to the provisions of RIGL 7-1.2-502 or 7-1.2-1409 the undersigned corporation submits the following statement for the purpose of changing its registered office **ONLY** in the State of Rhode Island:

1. Entity ID Number <b>32832</b>		2. Exact Name of the Corporation <b>ROSA MIA RISTORANTE, INC.</b>	
3. The address of the registered office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:			
Street Address <b>50 Park Row West Suite 111</b>			
City/Town <b>Providence</b>	State <b>RHODE ISLAND</b>	Zip <b>02903</b>	
4. The address of the <b>NEW</b> registered office is:			
Street Address (NOT a P.O. Box) <b>50 Park Row West Suite 107</b>			
City/Town <b>Providence</b>	State <b>RHODE ISLAND</b>	Zip <b>02903</b>	
5. Date when this Statement of Change of Registered Office will be effective: <b>CHECK ONE BOX ONLY</b>			
<input checked="" type="checkbox"/> Date received (Upon filing) <input type="checkbox"/> Later effective date (Date must be no more than 30 days from the date of filing) _____			
6. A copy of this Statement has been mailed to the corporation (applicable when agent records statement).			
Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Registered Office, and that all statements contained herein are true and correct.			
Name of the Registered Agent/Officer of the Corporation <b>Silvio L. Patriarca</b>			Date <b>4/19/2024</b>
Signature of the Registered Agent/Officer of the Corporation 			

### MAIL TO:

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

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MAY 02 2024

BY

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