

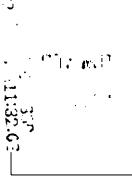
State of Rhode Island

Department of State - Business Services Division

Statement of Change of Office

DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee



Pursuant to the provisions of RIGL <u>7-16-11</u> 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	2. Exact Name of the Limited	Liability Company	
001704704	Alpha Alto	DEtail UC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address UFZ Praire AUE APT JL			
city/Town Prousdence		State RHODE ISLAND	Zip 02905
4. The address of the NEW resident office is:			
Street Address (NOI a P.Q. Box) UFZ Praire Are APH JC.			
city/Town Providence		State RHODE ISLAND	Zip 02905
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 of the Limited Liability Company			Date
e M			4-12-24
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 MAY 03 2024 11:33 BY_ 8H917 Æ

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:

May 03, 2024 11:33 AM

Areg M. Couve

Gregg M. Amore Secretary of State

