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## State of Rhode Island

## **Department of State - Business Services Division**

## EECD RIDOSESB 24 KAY 16 PM252:

## **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:

Entity ID Number     2. Exact Name of the Limited Liability Company	
1738080 - Howst of Boka	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:	
Street Address (66 valley 87 # Lom	
City/Town State	RHODE ISLAND Zip
4. The address of the NEW resident office is:	
Street Address (NOT a P.O. Box)  City/Town  State	87 bldg lom
City/Town State	RHODE ISLAND Zip
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
Ratia Kedo	5/16/24
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 253

MAY 16 2024

BY

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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 16, 2024 02:53 PM

Gregg M. Amore Secretary of State

Treg M. Coure

