



State of Rhode Island
Department of State - Business Services Division

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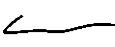
STAMP

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 001336395 | | 2. Exact Name of the Limited Liability Company SR Bookkeeping Services LLC | |
| 3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: | | | |
| Street Address 33 Macarthur Road | | | |
| City/Town Woonsocket | State RHODE ISLAND | Zip 02895 | |
| 4. The address of the NEW resident office is: | | | |
| Street Address (NOT a P.O. Box) 191 Social Street, Suite 780 | | | |
| City/Town Woonsocket | State RHODE ISLAND | Zip 02895 | |
| 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 Sheila Reyes | | Date 05/20/2024 | |
| 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 20 2024
BY JW40D 1:07