RI SOS Filing Number: 202454935550 Date: 5/28/2024 11:36:00 AM



State of Rhode Island **Department of State - Business Services Division** 

## **Statement of Change of Office**

DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

2024 MAY 28 AM 11: 36

Pursuant to the provisions of F following statement for the pur	RIGL <u>7-16-11</u> the undersigned lipose of changing its resident of		
1. Entity ID Number	2. Exact Name of the Limited Liability Company		
001759651	IL BANDI'M D'OKO, LLC		
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 3 2   Bca	chwood Dr.		
City/Town WARWICK		State RHODE ISLAND	Zip 02418
4. The address of the NEW re	esident office is:		
Street Address (NOT a P.O. Box)	·		
321 Berchwood Dri			
East Green wich		RHODE ISLAND	Zip U 2-418
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)			
	clare and affirm that I have exa d that all statements contained		ge of Resident Office by the
Name of Authorized Person of	of the Limited Liability Company	1	Date
Catherina M. Celebento			5/22/2024
Signature of Authorized Perso	on of the Limited Liability Comp	pany	
Concelo			

MAIL TO:

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

Phone: (401) 222-3040 Website: www.sos.ni.gov

MAY 2 8 2024 11:36

RI SOS Filing Number: 202454935550 Date: 5/28/2024 11:36:00 AM



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 28, 2024 11:36 AM

Gregg M. Amore

Secretary of State

Treg M. Coure

