RI SOS Filing Number: 202455041340 Date: 5/29/2024 1:18:00 PM



**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 Cake 3 6 acris 105 Batique UU		
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 845 Poffer AVC			
city four by I dence		State RHODE ISLAND	zip D7907
4. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box)  ROAD  ROA			
City/Town 12 11 StOV		State RHODE ISLAND	zip 02910
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			
1415fr USterano 5/30/24			
Signature of Authorized Person of the Limited Liability Company			
Mistin Warn			
			-

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

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

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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 29, 2024 01:18 PM

Gregg M. Amore Secretary of State

Treg M. Coure

