RI SOS Filing Number: 202455297440 Date: 6/3/2024 2:18:00 PM State of Rhode Island Department of State - Business Services Division RECEIVED Statement of Change of Office 2024 JUN -3 PH 2: 18 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 2. Exact Name of the Limited Liability Company 3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address WEST GREEN WICH ATRIOT WAY City/Town Zip **RHODE ISLAND** 4. The address of the NEW resident office is: Street Address (NOT a P.O. Box) City/Town **RHODE ISLAND** NRTH KINGSTOWN 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

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Name of Authorized Person of the Limited Liability Company

Signature of Authorized Person of the Limited Liability Company

Limited Liability Company, and that all statements contained herein are true and correct.

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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

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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:

June 03, 2024 02:18 PM

Gregg M. Amore Secretary of State

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