



State of Rhode Island

Department of State - Business Services Division

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV


2024 JUN -3 PM 2:18

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 1736307		2. Exact Name of the Limited Liability Company LITTLE RHODY LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 7339 PATRIOT WAY WEST GREENWICH			
City/Town WEST GREENWICH		State RHODE ISLAND	Zip 02817
4. The address of the NEW resident office is: Street Address (NOT a P.O. Box) 121 WEST ALENTON ROAD			
City/Town NORTH KINGSTOWN		State RHODE ISLAND	Zip 02852
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) _____			
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 KARIE MYERS			Date 12/29/2024
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

JUN 03 2024
BY **AA-2:18 PM**