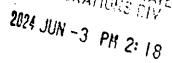
State of Rhode Island Department of State - Business Services	• · · ·	
Department of State - Business Services	Division	RA

Statement of Change of Office

DOMESTIC or FOREIGN Limited Liability Company

Pursuant to the provisions of RIGL 7-16-11 the undersigned limited liability company submits the

→ No Filing Fee



following statement for the pur	pose of changing its resident o	ffice ONLY in the State of Rho	ode Island:			
1. Entity ID Number	Entity ID Number 2. Exact Name of the Limited Liability Company					
1736307	1736307 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 GREEN WICH						
City/Town WESTGREEN	WILH	State RHODE ISLAND	Zip 02817			
4. The address of the NEW resident office is:						
Street Address (NOT a P.O. Box) 121 WEST ALLENTON ROAD						
City/Town NURTH KINGSTO	NW	RHODE ISLAND	Zip 02852			
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 o	Date					
Karic M	12/29/2024					
Signature of Authorized Person of the Limited Liability Company						
Munion						
		-	<u> </u>			

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 0 3 2024 BY AA : QUEOM