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State of Rhode Island
Department of State - Business Services Division

REC'D RIDOS BSD

## **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 3. 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 Ay Shawmut Avenue (50)
City/Town Clutral FAIS State RHODE ISLAND Zip 02863
4. The address of the NEW resident office is:
Street Address (NOT a P.O. Box) 180 Still WAHER ROAD (TO)
State RHODE ISLAND Zip 02917
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
* Marin Ham dz
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

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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 04, 2024 09:04 AM

Gregg M. Amore Secretary of State

Treg M. Coure

