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24 MAY 51 PM 3:48:36



State of Rhode Island
Department of State - Business Services Division

Statement of Change of Manager's Address

DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

Pursuant to the provisions of RIGL 7-16 the undersigned limited liability company submits the following statement for the purpose of changing its manager's address **ONLY**. This form cannot be used to change the name of the manager of a limited liability company.

1. Entity ID Number 001738352		2. Exact Name of the Limited Liability Company Lonelyville Events Management Company, LLC	
3. The name and address of the manager as PRESENTLY shown in the records on file with the RI Department of State:			
Name of Manager Christopher W. Morrison			
Street Address 60 Valley Street, Unit 2			
City/Town Providence	State RI	Zip 02909	
4. The NEW address of the manager is:			
Street Address 50 Sims Ave, Unit 113			
City/Town Providence	State RI	Zip 02909	
5. Date when this Statement of Change of Manager's Address 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) _____			
<i>Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Manager's Address by the Limited Liability Company, and that all statements contained herein are true and correct.</i>			
Name of Authorized Person of the Limited Liability Company Christopher W. Morrison		Date 5/30/2024 4:25 PM EDT	
Signature of Authorized Person of the Limited Liability Company <i>Christopher W. Morrison</i>			

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2815
Phone: (401) 222-3040
Website: www.sos.ri.gov

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FILED
MAY 31 2024
BY *[Signature]*