RI SOS Filing Number: 202455330930 Date: 6/4/2024 4:27:00 PM

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



State of Rhode Island

**Department of State - Business Services Division** 

REC'D RIDOS BSD '24 JUN 4 PH4:27:07

## **Statement of Change of Office**

DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

following statement for the	e purpose of changing its resident o	ffice <b>ONLY</b> in the State of Rho	ode Island:
1. Entity ID Number	2. Exact Name of the Limited Liability Company		
000736039	0736039 INTREPID TRINITY, LLC		
3. The address of the res	ident office as PRESENTLY shown	in the records on file with the	RI Department of State:
Street Address 190 BRO	AD STREET, SUITE 3W		
City/Town Providence		State RHODE ISLAND	<sup>Zip</sup> 02903
4. The address of the NE	W resident office is:		· · · · · · · · · · · · · · · · · · ·
Street Address (NOT a P.O.	anch Ave. Su	he 6 9	
Drovidence		RHODE ISLAND	<sup>Zip</sup> 02903
5. Date when this Statem	nent of Change of Resident Office w	vill be effective: CHECK ONE	BOX ONLY
✓ Date received (Upon	n filing)		
Later effective date	(Date must be no more than 90 day	ys from the date of filing)	
	I declare and affirm that I have exa y, and that all statements contained		nge of Resident Office by the
Name of Authorized Person of the Limited Liability Company  Alo Lo dw Egwyddi'			Date 6/4/2024
Signature of Authorized F	Person of the kimited kiability Comp	pany	
V			•

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 421

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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 04:27 PM

Gregg M. Amore Secretary of State

Tregs M. Coure

