RI SOS Filing Number: 202455750620 Date: 6/13/2024 10:26:00 AM



State of Rhode Island

Department of State - Business Services Division

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:

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Entity ID Number	2. Exact Name of the Limited	Liability Company			
001737658	Scentique	· · ·			
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:					
Street Address 136 Taunton Ave.					
City/Town East Prov	idence	State RHODE ISLAND	Zip 02914		
4. The address of the NEW resident office is:					
Street Address (NOT a P.O. Box) 182 Mathewson St.					
City/Town Providence	L	RHODE ISLAND	02903		
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	f the Limited Liability Company		Date		
<u> </u>	Lristin Smith		6/13/24		
Signature of Authorized Person of the Limited Liability Company					
Lewten Snich					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov JUN 1 3 2024 STAICIP

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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 13, 2024 10:26 AM

Gregg M. Amore Secretary of State

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