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State of Rhode Island Department of State - Business Services Division

RECEIVED SECRETARY OF STATE CORPORATIONS DIV

Statement of Change of Office

DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

2024 JUL 15 PH 1: 25

•	of RIGL <u>7-16-11</u> the undersigned limit purpose of changing its resident office	• • •	
1. Entity ID Number	2. Exact Name of the Limited Liability Company		
001739791	Woodhaus, 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 43 Broad	St. 2nd Floor		
City/Town Westerly		ate RHODE ISLAND	^{Zip} 02891
4. The address of the NE			· · · · · · · · · · · · · · · · · · ·
Street Address (NOT a P.O.	^{Box)} 85 Beach St. Unit A		
City/Town Westerly	St	RHODE ISLAND	^{Zip} 02891
5. Date when this Statem	ent of Change of Resident Office will I	be effective: CHECK ONE	BOX ONLY
✓ Date received (Upor	ı filing)		
Later effective date	Date must be no more than 90 days f	rom the date of filing)	<u> </u>
	l declare and affirm that I have exami v, and that all statements contained he		nge of Resident Office by the
Name of Authorized Person of the Limited Liability Company			Date
Sarah Faconti			7/11/24
Signature of Authorized	erson of the Limited Liability Compan	у	· · · · · · · · · · · · · · · · · · ·

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov JUL 1 5 2024 BY__J2 HOB

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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:

July 15, 2024 01:27 PM

Gregg M. Amore Secretary of State

Tregs M. Coure

