



State of Rhode Island
Department of State - Business Services Division

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SECRETARY OF STATE
CORPORATIONS DIV

2024 JUL 15 PM 1:25

Statement of Change of Office

DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

Pursuant to the provisions of RIGL 7-16-11 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 001739791		2. Exact Name of the Limited Liability Company Woodhaus, LLC	
3. The address of the resident 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	State RHODE ISLAND	Zip 02891	
4. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 85 Beach St. Unit A			
City/Town Westerly	State RHODE ISLAND	Zip 02891	
5. Date when this Statement of Change of Resident Office 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 Resident Office 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 Sarah Faconti		Date 7/11/24	
Signature of Authorized Person of the Limited Liability Company 			

FILED

JUL 15 2024

BY JJ HOB

ATC

1:27

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov