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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:

1. Entity ID Number	2. Exact Name of the Limited	Liability Company	
001744468	Recession Pr	vof uc	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 124 Arbor Drice			
City/Town Providing RI		State RHODE ISLAND	zip (2909)
4. The address of the <b>NEW</b> resident office is:			
Street Address (NOT a P.O. Box) 44 Newell Street Apt C			
City/Town West Warwick		State RHODE ISLAND	zip 02893
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 of the Limited Liability Company			Date 7/9/24
Signature of Authorized Person of the Limited Liability Company			
Sherri Maistas			

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 9 2024

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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 19, 2024 04:07 PM

Gregg M. Amore Secretary of State

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