RI SOS Filing Number: 202458301360 Date: 7/24/2024 10:42:00 AM



State of Rhode Island

Department of State - Business Services Division

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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 1676162	2. Exact Name of the Limited Liability Company caf Bar 11c		
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 119 Main Street			
City/Town Wakefield		State RHODE ISLAND	Z _{ip} 02879
4. The address of the NEW resident office is:			
Street Address (<u>NOT</u> a P.O. Box) 396 main street			
City/Town wakefield		RHODE ISLAND	Zip 02879
5. Date when this Statement of Change of Resident Office will be effective: CHECK ONE BOX ONLY			
Date received (Upon filing)		7/21/2024	
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	1	Date
Ellas Boutros			7/22/2024
Signature of Authorized Person of the Limited Liability Company			

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**

BY BEGEN DUD TO RI SOS Filing Number: 202458301360 Date: 7/24/2024 10:42:00 AM



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 24, 2024 10:42 AM

Gregg M. Amore Secretary of State

Treg M. Coure

