



State of Rhode Island  
Department of State - Business Services Division

REC'D RIDOS BSD  
24 AUG 7 PM 2:55:45  
STATE OF RHODE ISLAND  
USE ONLY

**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 001743648		2. Exact Name of the Limited Liability Company Live like Billy LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 235 Main St			
City/Town Cranston	State RHODE ISLAND	Zip 02901	
4. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 129 Sandringham Ave			
City/Town Providence	State RHODE ISLAND	Zip 02908	
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) _____			
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 Kerens St Cyr		Date 8-7-24	
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  
AUG 07 2024  
BY ADAJ8  
240 KJ