



State of Rhode Island
Department of State - Business Services Division

REC'D RID05 BSD
24 SEP 17 AM 10:37:51

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 001710420		2. Exact Name of the Limited Liability Company BLACK SWAN CONSULTING LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State.			
Street Address 250 HIGHLAND CORPORATE DR			
City/Town CUMBERLAND		State RHODE ISLAND	Zip 02864
4. The address of the NEW resident office is			
Street Address (NOI a P.O. Box) 10 WENTHAM RD.			
City/Town CUMBERLAND		State RHODE ISLAND	Zip 02864
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 NATHAN CARPENTER			Date 9/16/24
Signature of Authorized Person of the Limited Liability Company <i>[Handwritten Signature]</i>			

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
STAMP

SEP 17 2024

BY *[Handwritten Signature]*

[Handwritten Initials]