



State of Rhode Island  
Department of State - Business Services Division

RECORDED  
24 SEP 25 AM 11:24:33  
STATE OF RHODE ISLAND  
SECRETARY OF STATE  
SAMP

## Statement of Change of Manager's Address

DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

Pursuant to the provisions of RIGL 7-16 the undersigned limited liability company submits the following statement for the purpose of changing its manager's address **ONLY**. This form cannot be used to change the name of the manager of a limited liability company.

1. Entity ID Number <b>001734038</b>		2. Exact Name of the Limited Liability Company <b>Lalarara, LLC</b>	
3. The name and address of the manager as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:			
Name of Manager <b>Jason R. Winpenny</b>			
Street Address <b>8 Kimball Avenue</b>			
City/Town <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>	
4. The <b>NEW</b> address of the manager is:			
Street Address <b>1626 Cranston Street</b>			
City/Town <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>	
5. Date when this Statement of Change of Manager's Address will be effective: <b>CHECK ONE BOX ONLY</b>			
<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 Manager's Address by the Limited Liability Company, and that all statements contained herein are true and correct.			
Name of Authorized Person of the Limited Liability Company <b>Jason R. Winpenny</b>			Date <b>9/24/24</b>
Signature of Authorized Person of the Limited Liability Company <i>Jason R. Winpenny</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](http://www.sos.ri.gov)

**FILED**

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BY *KS*  
1145  
FOR SECRETARY OF STATE  
*KS*