



State of Rhode Island  
Department of State - Business Services Division

REC'D RIDOS BSD  
24 OCT 4 AM 11:25:51  
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**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 001777490		2. Exact Name of the Limited Liability Company Divine Feather Creations LLC	
3. The address of the resident office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:			
Street Address 19 Social St			
City/Town Providence		State RHODE ISLAND	Zip 02904
4. The address of the <b>NEW</b> resident office is:			
Street Address (NOT a P.O. Box) 555 N. Main St # 1056			
City/Town Providence		State RHODE ISLAND	Zip 02904
5. Date when this Statement of Change of Resident Office 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 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
			10/4/24
Signature of Authorized Person of the Limited Liability Company Kathleen Rincon			

**MAIL TO:**  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

11:25  
FILED STR...  
OCT 4 2024  
BY SAVGF  
FORM 642A - Revised 01/2024