



**State of Rhode Island**  
**Department of State - Business Services Division**

## 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

RECEIVED  
 R.I. DEPT. OF STATE  
 BUS. SVCS. DIV.  
 2024 OCT -7 AM 10:41

1. Entity ID Number <b>001707807</b>		2. Exact Name of the Limited Liability Company <b>4640 Holdings, LLC</b>	
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 <b>1308 Atwood Avenue</b>			
City/Town <b>Johnston</b>	State <b>RHODE ISLAND</b>	Zip <b>02919</b>	
4. The address of the <b>NEW</b> resident office is:			
Street Address ( <u>NOT</u> a P.O. Box) <b>1300 Division Road, Suite 305</b>			
City/Town <b>West Warwick</b>	State <b>RHODE ISLAND</b>	Zip <b>02893</b>	
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 <b>Dante R. Calise, Member</b>			Date <b>10/03/2024</b>
Signature of Authorized Person of the Limited Liability Company <i>Dante R. Calise, member</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**

OCT 07 2024  
 BY **AA-10:41AM**



State of Rhode Island

**Department of State | Office of the Secretary of State**

**Gregg M. Amore**, *Secretary of State*

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:

October 07, 2024 10:41 AM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is fluid and cursive, with the first letters of each word being capitalized and prominent.

Gregg M. Amore  
*Secretary of State*

