RI SOS Filing Number: 202460997180 Date: 11/6/2024 11:00:00 AM



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 <u>7-16-11</u> 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	2. Exact Name of the Limited Liability Company				
661751723 BASH BROTHERS LLC					
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:					
Street Address					
One Custon House St					
City/Town		State RHODE ISLAND Zip		7 3	
Providence			<u> </u>	ירכ	
4. The address of the NEW resident office is:					
Street Address (NOT a P.O. Box)					
6 MALLARD COVEWAY					
Barrinatol	State RHODE ISLAND	Zip Di 2 80 (-			
5. Date when this Statement of Change of Resident Office will be effective: CHECK ONE BOX ONLY					
Date received (Upon filing)					
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 1		
Jonatha	an Dalina		11	6	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 NOV 6 2024 STATE OF STATE

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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:

November 06, 2024 11:00 AM

Gregg M. Amore Secretary of State

Treg M. Coure

