



State of Rhode Island  
Department of State - Business Services Division

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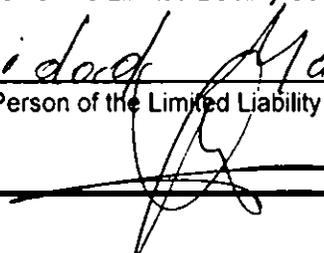
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**Statement of Change of Office**

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<br><b>001740459</b>  |  | 2. Exact Name of the Limited Liability Company<br><b>N. MARTINEZ PAINTING RI-LLC</b> |                           |
| 3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:   |  |  |                           |
| Street Address<br><b>195 FARMINGTON AVE</b>  |  |  |                           |
| City/Town<br><b>CRANSTON</b>   |  | State<br><b>RHODE ISLAND</b>   | Zip<br><b>02920</b>       |
| 4. The address of the NEW resident office is:  |  |  |                           |
| Street Address (NOT a P.O. Box)<br><b>129 Hedley AVE</b>   |  |  |                           |
| City/Town<br><b>Johnston</b>   |  | State<br><b>RHODE ISLAND</b>   | Zip<br><b>02919</b>       |
| 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<br><b>Natividad Martinez</b>  |  |  | Date<br><b>11/06/2024</b> |
| Signature of Authorized Person of the Limited Liability Company<br>   |  |  |                           |

**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

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BY **GWK/10**  
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