State of Rhode Island
Department of State - Business Services Division

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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	2. Exact Name of the Limited Liability Company
001746492	MELVIN POWER WASH LLC

3. The address of the resident office as **PRESENTLY** shown in the records on file with the RI Department of State:

Street Address		
436 SOUTH MAIN ST		
City/Town: WOONSOCKET	State: **RHODE ISLAND**	Zip: 02895

4. The address of the **NEW** resident office is:

Street Address (NOT a P.O. Box)		
883 ATWELLS AVE		
City/Town: PROVIDENCE	State: **RHODE ISLAND**	Zip: 02909

5. Date when this Statement of Change of Resident Office will be effective: **CHECK ONE BOX ONLY**

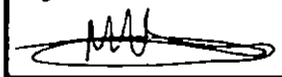
☑ Date received (Upon filing)

☐ 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
MELVIN NORIEGA	11/18/2024

Signature of Authorized Person of the Limited Liability Company



MAIL TO:
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FILED
9:11am
NOV 19 2024
BY LKS MFEDJ

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