RI SOS Filing Number: 202461489170 Date: 12/6/2024 3:05:00 PM



State of Rhode Island

**Department of State - Business Services Division** 

## **Statement of Change of Office**

DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

REC.
C & PID
DOS 850 PM3:05:2
SO STAND
51.1

Pursuant to the provisions of R following statement for the pur		• • •	•	
1. Entity ID Number	2. Exact Name of the Limited Liability Company			
001782123	ICEL HAIR	STUDIO LLC		
3. The address of the residen	t office as PRESENTLY show	n in the records on file with the	RI Department of State:	
Street Address 1481 AT WOO	D AVE UNIT	LSuite 13		
1481 AT WOOD AUE UNIT CHYTOWN Johnston		State RHODE ISLAND	Zip 02919	
4. The address of the NEW resident office is:				
Street Address (NOT a P.O. Box)				
369 Simmonsuille Ave Bainbridge Apt 4205				
Johnston		RHODE ISLAND	02919	
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)				
	clare and affirm that I have exi d that all statements containe	amined this Statement of Chan d herein are true and correct.	ge of Resident Office by the	
Name of Authorized Person of the Limited Liability Company			Date	
Aysel Aliyeva			12/06/24.	
	on of the Limited Liability Com	pany		
Jado.				

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 3: 05 DEC 0 6 2024

BY \_\_\_\_\_

RI SOS Filing Number: 202461489170 Date: 12/6/2024 3:05:00 PM



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:

December 06, 2024 03:05 PM

Gregg M. Amore Secretary of State

Tregs M. Coure

