



State of Rhode Island  
Department of State - Business Services Division

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 24 DEC 27 AM 10:12:39  
 AMP  
 FOR  
 CLERK OF STATE  
 USE ONLY

**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 <i>000805593</i>	2. Exact Name of the Limited Liability Company <i>Ideal Printing, LLC</i>		
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 <i>11 Woodhaven Dr</i>			
City/Town <i>Cumberland</i>	State <b>RHODE ISLAND</b>	Zip <i>02864</i>	
4. The address of the <b>NEW</b> resident office is:			
Street Address (NOT a P.O. Box) <i>24 Greco Lane, Ste A.</i>			
City/Town <i>WARWICK</i>	State <b>RHODE ISLAND</b>	Zip <i>02886</i>	
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) _____			
<i>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.</i>			
Name of Authorized Person of the Limited Liability Company <i>Joseph E Palmquist</i>			Date <i>12/27/24</i>
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

**FILED 10:15**  
**STAMP**  
**DEC 27 2024**  
OR  
CLERK OF STATE  
**BY 07 SC7**



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:

December 27, 2024 10:15 AM

A handwritten signature in black ink that reads "Gregg M. Amore".

Gregg M. Amore  
*Secretary of State*

