



State of Rhode Island
Department of State - Business Services Division

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 STATE

Statement of Change of Manager's Address
DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

Pursuant to the provisions of RIGL 7-16 the undersigned limited liability company submits the following statement for the purpose of changing its manager's address **ONLY**. This form cannot be used to change the name of the manager of a limited liability company.

1. Entity ID Number 001756103	2. Exact Name of the Limited Liability Company Crumb Chasers Treats, LLC
3. The name and address of the manager as PRESENTLY shown in the records on file with the RI Department of State:	
Name of Manager Jessica Paquette	
Street Address 10 Railroad Street, Apt. 154W	
City/Town Slatersville	State RI Zip 02896
4. The NEW address of the manager is:	
Street Address 555 North Main Street, #1101	
City/Town Providence	State RI Zip 02904
5. Date when this Statement of Change of Manager's Address 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) _____	
<i>Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Manager's Address 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 Jessica Paquette	Date 12/28/2024
Signature of Authorized Person of the Limited Liability Company <i>Jessica A. Paquette</i>	

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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BY ML

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