



State of Rhode Island  
Department of State - Business Services Division

REC'D RHODES B&B  
24 DEC 30 AM 9:43:12  
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 <b>001756103</b>		2. Exact Name of the Limited Liability Company <b>Crumb Chasers Treats, LLC</b>	
3. The name and address of the manager as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:			
Name of Manager <b>Jessica Paquette</b>			
Street Address <b>10 Railroad Street, Apt. 154W</b>			
City/Town <b>Slatersville</b>	State <b>RI</b>	Zip <b>02896</b>	
4. The <b>NEW</b> address of the manager is:			
Street Address <b>555 North Main Street, #1101</b>			
City/Town <b>Providence</b>	State <b>RI</b>	Zip <b>02904</b>	
5. Date when this Statement of Change of Manager's Address 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) _____			
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.			
Name of Authorized Person of the Limited Liability Company <b>Jessica Paquette</b>		Date <b>12/28/2024</b>	
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](http://www.sos.ri.gov)

**FILED**  
**DEC 30 2024**  
BY ML  
9:49