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## State of Rhode Island Department of State - Business Services Division

שני ווים חל חבר אנשני

## **Statement of Change of Office**

DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

Pursuant to the provisions of RIGL <u>7-16-11</u> 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		
DEMAS FAMELY CHELD CARELL		
3 The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:		
Street Address		
60 ANTHONY AVENUE		
City/Town	State RHODE ISLAND	Zip
Privilacket	KITODE ISEAND	02860
4 The address of the NEW resident office is:		
Street Address (NOT a PO Box)		
170 Chaplin street		
City/Town	RHODE ISLAND	Zip
Pawtucket		02861
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
Maria de Barros Hartins		12-18-2024
Signature of Authorized Person of the Limited Liability Company		
Maria Martins		
Farta Parters		

**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 DEC **3 0** 2024

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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 30, 2024 01:35 PM

Gregg M. Amore Secretary of State

Tregs M. Coure

