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SECRETARY OF STATE
CORPORATIONS DIVISION
2024 DEC 30 PM 1:25

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 [REDACTED]		2 Exact Name of the Limited Liability Company DENAS FAMILY CHILD CARE LLC	
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 PAWTUCKET		State RHODE ISLAND	Zip 02860
4 The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 170 CHAPLIN STREET			
City/Town PAWTUCKET		State RHODE ISLAND	Zip 02861
5. Date when this Statement of Change of Resident Office 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 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 MARIA DE BARRAS MARTINS			Date 12-18-2024
Signature of Authorized Person of the Limited Liability Company MARIA MARTINS			

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 30 2024
BY _____
1:35pm