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PECUD RIDUS BSD STAMP FOR SECRETARY OF STATE

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:

Entity ID Number	2. Exact Name of the Limited Liability Company		
001682629	Josephine's	Music & Art	5 Center LLC
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 35 ERASTUS St			
City/Town providence		State RHODE ISLAND	zip 02909
4. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 640 Smith St. APT 1			
City/Town Proviolence		State RHODE ISLAND	zip 02908
5. Date when this Statement of Change of Resident Office will be effective: CHECK ONE BOX ONLY			
V☑ 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
Josephine Arthur			01/02/2025
Signature of Authorized Person of the Limited Liability Company			
Aud			

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FIERED

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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:

January 02, 2025 02:58 PM

Gregg M. Amore Secretary of State

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