



State of Rhode Island
Department of State - Business Services Division

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FOR
SECRETARY OF STATE
USE ONLY

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 001674509		2. Exact Name of the Limited Liability Company LI'L ARCHIE'S, LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 724 PARK AVENUE			
City/Town WOONSOCKET	State RHODE ISLAND	Zip 02895	
4. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 3 HALEYS WAY			
City/Town Cumberland	State RHODE ISLAND	Zip 02864	
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) _____			
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 Claire Allen		Date 1/15/2025	
Signature of Authorized Person of the Limited Liability Company Claire Allen			

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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FILED
JAN 15 2025
BY E49FN
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SECRETARY OF STATE
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