



State of Rhode Island
Department of State - Business Services Division

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2025 JAN 21 5:23:11 PM
STATE OF RHODE ISLAND

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 000795921		2. Exact Name of the Limited Liability Company Exquisite Events Rentals LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 70 Dean Knauss Dr.			
City/Town Narragansett		State RHODE ISLAND	Zip 02882
4. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 597 South County Trail			
City/Town Exeter		State RHODE ISLAND	Zip 02822
5. Date when this Statement of Change of Resident Office will be effective: CHECK ONE BOX ONLY			
☐ Date received (Upon filing) 2/1/2025			
☒ 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 Kelli DuBeau			Date 1/10/2025
Signature of Authorized Person of the Limited Liability Company 			

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 STAMP
JAN 21 2025
BY AA 2:11 pm