



State of Rhode Island  
Department of State - Business Services Division

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STATE OF RHODE ISLAND  
DEPARTMENT OF STATE  
BUSINESS SERVICES DIVISION

# Statement of Change of Manager's Address

DOMESTIC or FOREIGN Limited Liability Company

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→ No Filing Fee

Pursuant to the provisions of RIGL 7-16 the undersigned limited liability company submits the following statement for the purpose of changing its manager's address **ONLY**. This form cannot be used to change the name of the manager of a limited liability company.

1. Entity ID Number 000161688		2. Exact Name of the Limited Liability Company Polo Salon & Spa LLC	
3. The name and address of the manager as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:			
Name of Manager Jeannette Cabral			
Street Address 7 Ursula Dr			
City/Town Bristol	State RI	Zip 02809	
4. The <b>NEW</b> address of the manager is:			
Street Address 5 Sycamore St			
City/Town Swansea	State MA	Zip 02777	
5. Date when this Statement of Change of Manager's Address will be effective: <b>CHECK ONE BOX ONLY</b>			
<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 Manager's Address 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 Jeannette Cabral			Date 01/22/2025
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](http://www.sos.ri.gov)

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JAN 24 2025

BY