



State of Rhode Island  
Department of State - Business Services Division

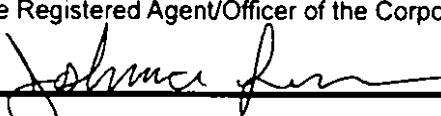
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### Statement of Change of Registered Office

DOMESTIC or FOREIGN Business Corporation

→ No Filing Fee

Pursuant to the provisions of RIGL 7-1.2-502 or 7-1.2-1409 the undersigned corporation submits the following statement for the purpose of changing its registered office **ONLY** in the State of Rhode Island.

|                                                                                                                                                                                   |  |                                                                           |                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------|-----------------------|
| 1. Entity ID Number<br><b>001699807</b>                                                                                                                                           |  | 2. Exact Name of the Corporation<br><b>Paper Street Music Company Inc</b> |                       |
| 3. The address of the registered office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:                                                         |  |                                                                           |                       |
| Street Address<br><b>12 Armstrong Ave 3L</b>                                                                                                                                      |  |                                                                           |                       |
| City/Town<br><b>Providence</b>                                                                                                                                                    |  | State<br><b>RHODE ISLAND</b>                                              | Zip<br><b>02903</b>   |
| 4. The address of the <b>NEW</b> registered office is:                                                                                                                            |  |                                                                           |                       |
| Street Address (NOT a P.O. Box)<br><b>12 Armstrong Ave 3L</b>                                                                                                                     |  |                                                                           |                       |
| City/Town<br><b>Providence</b>                                                                                                                                                    |  | State<br><b>RHODE ISLAND</b>                                              | Zip<br><b>02903</b>   |
| 5. Date when this Statement of Change of Registered Office 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 30 days from the date of filing) _____                                                                   |  |                                                                           |                       |
| 6. A copy of this Statement has been mailed to the corporation (applicable when agent records statement).                                                                         |  |                                                                           |                       |
| Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Registered Office, and that all statements contained herein are true and correct. |  |                                                                           |                       |
| Name of the Registered Agent/Officer of the Corporation<br><b>Joshua Sanga</b>                                                                                                    |  |                                                                           | Date<br><b>3/4/25</b> |
| Signature of the Registered Agent/Officer of the Corporation<br>                               |  |                                                                           |                       |

**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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|-------------|---------------|
| FILED       |               |
| MAR 04 2025 |               |
| BY          | <b>T9CWB</b>  |
|             | <b>no3 KS</b> |