



State of Rhode Island  
Department of State - Business Services Division

REC'D  
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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<br>000822276                                                                                                                                                                                 |                       | 2. Exact Name of the Limited Liability Company<br>MULTILANGUAGE & SERVICES, LLC |  |
| 3. The address of the resident office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:                                                                                          |                       |                                                                                 |  |
| Street Address 73 MAGILL STREET                                                                                                                                                                                  |                       |                                                                                 |  |
| City/Town<br>PAWTUCKET                                                                                                                                                                                           | State<br>RHODE ISLAND | Zip<br>02860                                                                    |  |
| 4. The address of the <b>NEW</b> resident office is:                                                                                                                                                             |                       |                                                                                 |  |
| Street Address ( <u>NOT</u> a P.O. Box) 37 HOPE ST                                                                                                                                                               |                       |                                                                                 |  |
| City/Town<br>PAWTUCKET                                                                                                                                                                                           | State<br>RHODE ISLAND | Zip<br>02860                                                                    |  |
| 5. Date when this Statement of Change of Resident 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 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<br>ROBERTO S. GOMES                                                                                                                                   |                       | Date<br>03/17/2025                                                              |  |
| Signature of Authorized Person of the Limited Liability Company<br>                                                                                                                                              |                       |                                                                                 |  |

FILED

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FOR  
SECRETARY OF STATE  
USE ONLY

### 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)



State of Rhode Island

**Department of State | Office of the Secretary of State**

**Gregg M. Amore**, *Secretary of State*

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:

March 17, 2025 01:46 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is fluid and cursive, with the first letters of each word being capitalized.

Gregg M. Amore  
*Secretary of State*

