



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<br><b>001747999</b>  |                              | 2. Exact Name of the Limited Liability Company<br><b>VCYC CONSULTING LLC</b> |  |
| 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 <b>166 VALLEY STREET BLDG 6M</b>  |                              |  |  |
| City/Town<br><b>PROVIDENCE</b>   | State<br><b>RHODE ISLAND</b> | Zip<br><b>02909</b>  |  |
| 4. The address of the <b>NEW</b> resident office is:   |                              |  |  |
| Street Address (NOT a P.O. Box) <b>597 WOODWARD RD</b>   |                              |  |  |
| City/Town<br><b>NO. PROVIDENCE</b>   | State<br><b>RHODE ISLAND</b> | Zip<br><b>02909</b>  |  |
| 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><b>Yvesenia Cabe</b>   |                              | Date<br><b>4/23/2025</b>   |  |
| Signature of Authorized Person of the Limited Liability Company<br><b>[Signature]</b>  |                              |  |  |

**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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BY **ERK1K**  
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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:

April 23, 2025 02:01 PM

A handwritten signature in black ink that reads "Gregg M. Amore".

Gregg M. Amore  
*Secretary of State*

