

State of Rhode Island

Department of State - Business Services Division

REC'D RIDUS BSD '25 APR 28 PM12:23:52

Statement of Change of Office

DOMESTIC or FOREIGN Limited Liability Company

No Filing Fee

Pursuant to the provisions of RIGL <u>7-16-11</u> the undersigned limited liability company submits the following statement for the purpose of changing its resident office *ONLY* in the State of Rhode Island:

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1. Entity ID Number	2. Exact Name of the Limited Liability Company		
001768127	Rhode Island Lighting Design, LLC		
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 1000 Chapel View Bouleverd Unit 313 1000 Chapel WW BLVD 313			
City/Town Granaton	Chanson	State BHODE ISLAND	Zip 02020 02900
4. The address of the NEW resident office is:			
Street Address (NOI a P.O. Box) 75 Pocasset St Unit 105			
City/Town Johnston		State RHODE ISLAND	^{Zip} 02919
5. Date when this Statement of Change of Resident Office will be effective: CHECK ONE BOX ONLY			
✓ Date received (Upon filing)			
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			Date
Kenneth A. Nulman			4/14/2025
Signature of Authorized Person of the Limited Liability Company			
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MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov APR 2 8 2025 BY 12 0 3 PM

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