RI SOS Filing Number: 202572809540 Date: 5/8/2025 9:27:00 AM



State of Rhode Island Department of State - Business Services Division

Statement of Change of Office

DOMESTIC or FOREIGN Limited Liability Company

 \longrightarrow No Filing Fee

STAMP

FOR SECRETARY OF STATE USE ONLY

SEC.D KIDOS B2D

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:

1. Entity ID Number	2. Exact Name of the Limited	Liability Company	
001762195	Ethan LLC		
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 39 Baxter St			
City/Town Providence		State RHODE ISLAND	2ip 02905
4. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 86 Jaura St			
City/Town Providen Ce		State RHODE ISLAND	2ip 02907
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
Paniel Perez Castilla			05/08/2025
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 MAY 0 8 2025

BY VESTION

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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:

May 08, 2025 09:27 AM

Gregg M. Amore Secretary of State

Tregs M. Coure

