



State of Rhode Island
Department of State - Business Services Division

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R.I. DEPT. OF STATE
BUS. SERVICES DIV.

2025 MAY 15 A 9:38

Statement of Change of Manager's Address

DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

Pursuant to the provisions of RIGL 7-16 the undersigned limited liability company submits the following statement for the purpose of changing its manager's address **ONLY**. This form cannot be used to change the name of the manager of a limited liability company.

1. Entity ID Number 001761982		2. Exact Name of the Limited Liability Company Maple, LLC	
3. The name and address of the manager as PRESENTLY shown in the records on file with the RI Department of State:			
Name of Manager Ivan Lee			
Street Address 1883 WEST ROYAL HUNTE DRIVE, SUITE 200A			
City/Town CEDAR CITY		State UT	Zip 84720
4. The NEW address of the manager is:			
Street Address 111 Middlesex Turnpike #1084			
City/Town Burlington		State MA	Zip 01803
5. Date when this Statement of Change of Manager's Address 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 Manager's Address by the Limited Liability Company, and that all statements contained herein are true and correct.			
Name of Authorized Person of the Limited Liability Company Ivan Lee			Date 05/14/2025
Signature of Authorized Person of the Limited Liability Company <i>Ivan Lee</i>			

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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FILED

MAY 15 2025

BY *KM*