



State of Rhode Island  
Department of State - Business Services Division

REC'D RHODE ISLAND  
25 MAY 15 PM 3:11  
STAMP  
SECRETARY OF STATE  
OFFICE

**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>1690273</b>                                                                                                                                                                            |  | 2. Exact Name of the Limited Liability Company<br><b>Sabor and Culture LLC</b> |                        |
| 3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:                                                                                                 |  |                                                                                |                        |
| Street Address<br><b>10 Daryl Square Suite 100</b>                                                                                                                                                               |  |                                                                                |                        |
| City/Town<br><b>Providence</b>                                                                                                                                                                                   |  | State<br><b>RHODE ISLAND</b>                                                   | Zip<br><b>02903</b>    |
| 4. The address of the NEW resident office is:                                                                                                                                                                    |  |                                                                                |                        |
| Street Address (NOT a P.O. Box)<br><b>35 Clark Industrial Pkwy</b>                                                                                                                                               |  |                                                                                |                        |
| City/Town<br><b>Greenville</b>                                                                                                                                                                                   |  | State<br><b>RHODE ISLAND</b>                                                   | Zip<br><b>02828</b>    |
| 5. Date when this Statement of Change of Resident Office will be effective: CHECK ONE BOX ONLY                                                                                                                   |  |                                                                                |                        |
| <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>Heidi Garcia</b>                                                                                                                                |  |                                                                                | Date<br><b>5/15/25</b> |
| Signature of Authorized Person of the Limited Liability Company<br>                                                                                                                                              |  |                                                                                |                        |

FILED

MAY 28 2025  
BY **BAFYS**  
**1239**

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:

May 28, 2025 12:39 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is written in a cursive style.

Gregg M. Amore  
*Secretary of State*

