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State of Rhode Island
Department of State - Business Services Division

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## **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:

1. Entity ID Number	2. Exact Name of the Limited Liability Company		
001738308	TRUSTN INVESTMENTS LLC		
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 44 Cottage St			
City/Town Central Falls		State RHODE ISLAND	zip 02863
4. The address of the NEW resident office is:			
Street Address (NOI a P.O. Box) 809 Broadway Suite 2			
east Providence	•	State RHODE ISLAND	2ip 02914
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
Marcos Cruz			6-27-25
Signature of Authorized Person of the Limited Liability Company			
Menot &			

MAIL TO:

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

Phone: (401) 222-3040 Website: www.sos.ri.gov JUN 27 2025 240 BY 5145E RI SOS Filing Number: 202576365150 Date: 6/27/2025 2:40:00 PM



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:

June 27, 2025 02:40 PM

Gregg M. Amore Secretary of State

Tregs M. Coure

