RI SOS Filing Number: 202576807100 Date: 7/10/2025 1:01:00 PM



## State of Rhode Island Department of State - Business Services Division

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	I
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			
1752608	VN Tireshup LLC			
<b>4</b>	nt office as PRESENTLY shown	in the records on file with the	RI Department of State:	
Chant Address	Street			
City/Town POWHUCKEA		State RHODE ISLAND	Zip 02860	
4. The address of the NEW resident office is:				
Street Address (NOT a P.O. Bo)	N) \$4	<u>-</u>		
City/Town PAWTUCKES		State RHODE ISLAND	102860·	
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		
Darwin c. valeriu Hernadez		07/10/25		
Signature of Authorized Person of the Limited Liability Company				
lar	n/2			
	7			

MAIL TO:

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

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED

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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:

July 10, 2025 01:01 PM

Gregg M. Amore Secretary of State

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