



State of Rhode Island
Department of State - Business Services Division

REC'D RID05:RSD
25 SEP 29 PM 3:22:21
A.P.
STATE

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 000797749		2. Exact Name of the Limited Liability Company JNJ RIVERA ENTERPRISES 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 JOSEPH RIVERA			
Street Address 16 ROWAN STREET			
City/Town PROV	State RI	Zip 02908	
4. The NEW address of the manager is:			
Street Address 133-135 BLACKSTONE STREET			
City/Town CF	State RI	Zip 02863	
5. Date when this Statement of Change of Manager's Address 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 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 <i>Joseph Rivera</i>		Date 9/29/2025	
Signature of Authorized Person of the Limited Liability Company <i>JRIVERA</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

FILED
SEP 29 2025
BY *[Signature]* 3:22