



State of Rhode Island
Department of State - Business Services Division

Statement of Change of Office

DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

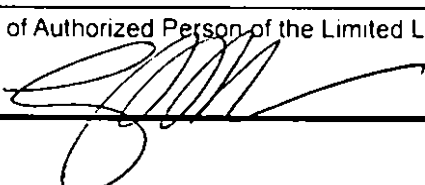
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FOR
SECRETARY OF STATE
USE ONLY

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 000154739		2. Exact Name of the Limited Liability Company 190 MAIN STREET, LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State			
Street Address 2 Elm Street			
City/Town Westerly	State RHODE ISLAND	Zip 02891	
4. The address of the NEW resident office is.			
Street Address (NOT a P.O. Box) 131 B Franklin Street			
City/Town Westerly	State RHODE ISLAND	Zip 02891	
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 Charles Soloveitzik, Esq.		Date OCT 08 2025	
Signature of Authorized Person of the Limited Liability Company 			

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
OCT 10 2025
BY 

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