State of Rhode Island
Department of State - Business Services Division

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R.I. DEPT. OF STATE
BUS SVCS DIV
2025 OCT 22 P 12: 15

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	2. Exact Name of the Limited Liability Company
000132784	PALAGI BROTHERS ICE CREAM, 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	Robert S Palagi		
Street Address	25 LAKESHORE DRIVE		
City/Town	North Attleboro	State MA	Zip 02760

4. The **NEW** address of the manager is:

Street Address	389 Benefit Street		
City/Town	Pawtucket	State RI	Zip 02861

5. Date when this Statement of Change of Manager's Address 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 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	Date
Robert Palagi	10/22/2025

Signature of Authorized Person of the Limited Liability Company

Robert S Palagi

FILED
OCT 22 2025
BY DS
12:15

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov