



State of Rhode Island
Department of State - Business Services Division

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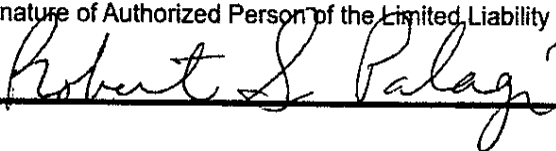
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Statement of Change of Manager's Address

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.

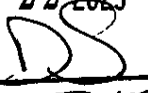
1. Entity ID Number 000132784		2. Exact Name of the Limited Liability Company PALAGI BROTHERS ICE CREAM, LLC	
3. The name and address of the manager as PRESENTLY shown in the records on file with the RI Department of State:			
Name of Manager Robert S Palagi			
Street Address 25 LAKESHORE DRIVE			
City/Town 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) _____			
<i>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.</i>			
Name of Authorized Person of the Limited Liability Company Robert Palagi			Date 10/22/2025
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 22 2025

BY 

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