RI SOS Filing Number: 202579835380 Date: 10/24/2025 12:34:00 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 <u>7-16-11</u> the undersigned limited liability company submits the following statement for the purpose of changing its resident office *ONLY* in the State of Rhode Island:

following statement for the pur	pose of changing its resident of	ffice ONLY in the State of Rho	de Island:
1. Entity ID Number	2. Exact Name of the Limited	Liability Company	
1797989	The Albstra	act Agency L	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 295 Harris Ane, Suite 221			
City/Town Orividence		State RHODE ISLAND	121p
4. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 295 Harris Ave Suite 221			
City/Town Providence		State	Zip 82909
Providence	L	RHODE ISLAND	08404
	L_ of Change of Resident Office w		00. (09)
	of Change of Resident Office w		00. (09)
5. Date when this Statement of Date received (Upon filing	of Change of Resident Office w	vill be effective: CHECK ONE	00. (09)
5. Date when this Statement of Date received (Upon filing Later effective date (Date Under penalty of perjury, I dec	of Change of Resident Office wing)	vill be effective: CHECK ONE lys from the date of filing)	BOX ONLY
5. Date when this Statement of Date received (Upon filing Later effective date (Date Under penalty of perjury, I dec Limited Liability Company, and	of Change of Resident Office wing) e must be no more than 90 day clare and affirm that I have exa	rill be effective: CHECK ONE lys from the date of filing) mined this Statement of Chan herein are true and correct.	BOX ONLY
5. Date when this Statement of Date received (Upon filing Later effective date (Date Under penalty of perjury, I dec Limited Liability Company, and	of Change of Resident Office wing) e must be no more than 90 day clare and affirm that I have exa d that all statements contained of the Limited Liability Company	rill be effective: CHECK ONE lys from the date of filing) mined this Statement of Chan herein are true and correct.	ge of Resident Office by the
5. Date when this Statement of Date received (Upon filing Later effective date (Date Under penalty of perjury, I dec Limited Liability Company, and Name of Authorized Person of Dath a	of Change of Resident Office wing) e must be no more than 90 day clare and affirm that I have exa d that all statements contained of the Limited Liability Company	rill be effective: CHECK ONE lys from the date of filing) mined this Statement of Chan herein are true and correct.	ge of Resident Office by the

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 24 2025

BY 55

RI SOS Filing Number: 202579835380 Date: 10/24/2025 12:34:00 PM



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:

October 24, 2025 12:34 PM

Gregg M. Amore Secretary of State

Treg M. Coure

