



State of Rhode Island
Department of State - Business Services Division



Statement of Change of Manager's Address

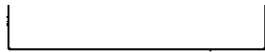
DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

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 BUS SVCS DIV

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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 001716921		2. Exact Name of the Limited Liability Company REIS TILE COMPANY 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 CASSIO REIS DA SILVA			
Street Address 115B NIAGARA ST			
City/Town MIDDLETOWN	State RHODE ISLAND	Zip 02842	
4. The NEW address of the manager is.			
Street Address 1629 WEST MAIN ROAD			
City/Town MIDDLETOWN	State RHODE ISLAND	Zip 02842	
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) _____			
<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 CASSIO REIS DA SILVA		Date 12/8/2022	
Signature of Authorized Person of the Limited Liability Company <i>Cassio Reis Da Silva</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

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