



State of Rhode Island and Providence Plantations  
 Department of State - Business Services Division

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RECEIVED  
 SECRETARY OF STATE  
 CORPORATIONS DIV

2016 MAY -5 PM 2:30

Statement of Change of Resident Office  
 Limited Liability Company  
 No Filing Fee

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 in the State of Rhode Island:

1. Entity ID Number		2. Exact Name of the Limited Liability Company	
000486362		Belcher Electric LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 55 HAWTHORN CIRCLE			
City/Town Woonsocket		State RHODE ISLAND	Zip 02895
4. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 42 PEARL STREET			
City/Town WOONSOCKET		State RHODE ISLAND	Zip 02895
5. Date when this Statement of Change of Resident Office will be effective. CHECK ONLY ONE BOX			
<input type="checkbox"/> Date received (Upon filing)			
<input type="checkbox"/> Later effective date (Date must be no more than 30 days from the day of filing) _____			
Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Resident Office, and that all statements contained herein are true and correct.			
Name of the Resident Agent/Authorized Person of the Limited Liability Company			Date
Scotty Belcher			5/5/2016
Signature of the Resident Agent/Authorized Person of the Limited Liability Company			
Scotty Belcher SIGN DOCUMENT HERE			

FILED  
 MAY 05 2016  
 By A.A. 2:30pm