



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

2016 OCT 19 AM 11:13

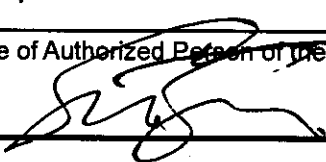
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DEPARTMENT OF STATE
BUSINESS SERVICES DIVISION

Statement of Change of Office

DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

Pursuant to the provisions of RIGL 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 1092428		2. Exact Name of the Limited Liability Company Greener-Ease, LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 30 Exchange Terrace			
City/Town Providence	State RHODE ISLAND	Zip 02903	
4. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 240 Pippin Orchard Road			
City/Town Cranston	State RHODE ISLAND	Zip 02921	
5. Date when this Statement of Change of Resident Agent will be effective: CHECK ONLY ONE BOX			
☒ Date received (Upon filing)			
☐ 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 Agent by the Limited Liability Company, and that all statements contained herein are true and correct.			
Name of Authorized Person of the Limited Liability Company Scott T. Spear		Date 10/17/16	
Signature of Authorized Person of the Limited Liability Company  SIGN DOCUMENT HERE			

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 19 2016

By **A.A. 11:13A.m.**