



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

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R.I. DEPARTMENT OF STATE
BUSINESS SERVICES DIV.
2016 OCT 24 PM 12:27

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 1338414	2. Exact Name of the Limited Liability Company CoreMechanics, LLC		
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 27 South River Dr.			
City/Town Narragansett	State RHODE ISLAND	Zip 02882	
4. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 530 Greenwich Ave			
City/Town Warwick	State RHODE ISLAND	Zip 02886	
5. Date when this Statement of Change of Resident Agent will be effective: CHECK ONLY ONE BOX			
<input checked="" 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 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 Brooke Rao		Date 10/21/16	
Signature of Authorized Person of the Limited Liability Company Brooke Rao 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

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FILED
OCT 24 2016
BY