



State of Rhode Island and Providence Plantations

**Department of State - Business Services Division**

2017 MAY 18 PM 2:47

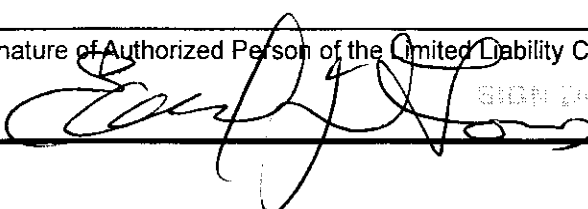
R.I. DEPT. OF STATE  
BUSINESS DIV.

**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 1073290		2. Exact Name of the Limited Liability Company HANDS ON ASSEMBLY & PACKAGING LLC	
3. The address of the resident office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:			
Street Address 91 FRIENDSHIP STREET, SUITE # 3			
City/Town PROVIDENCE		State RHODE ISLAND	Zip 02903
4. The address of the <b>NEW</b> resident office is:			
Street Address ( <u>NOT</u> a P.O. Box) 3457 POST ROAD			
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) _____			
<i>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.</i>			
Name of Authorized Person of the Limited Liability Company EDWARD J. GOMES, ESQ.			Date 5/18/17
Signature of Authorized Person of the Limited Liability Company 			

**MAIL TO:**

**Division of Business Services**

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: [www.sos.ri.gov](http://www.sos.ri.gov)

**FILED**

**MAY 18 2017**

BY 

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