



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

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R.I. DEPT. OF STATE
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2017 OCT -5 AM 10:39

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 000154324		2. Exact Name of the Limited Liability Company NORTH EAST SALES SERVICES, LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 169 OSPREY RD			
City/Town SOUTH KINGSTOWN	State RHODE ISLAND	Zip 02879	
4. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 63 GOVERNOR'S HILL			
City/Town WEST WARRICK	State RHODE ISLAND	Zip 02893	
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 GEOFFREY D. McLAUGHLIN		Date 10/5/17	
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

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BY CA 314139