

RECEIVED SECRETARY DE STATE CORPORAT SES DIV

Statement of Change of Office

DOMESTIC or FOREIGN Limited Liability Company

 \rightarrow No Filing Fee

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		
	Piscopio E		
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address	. 8	Fawh Lane State RHODE ISLAND	
City/Town West - Warnick		State RHODE ISLAND	21 O2893
4. The address of the NEW resident office is			
Street Address (NOT a P.O. Box) 57 Linden Lahe			
City/Town West Greenwich		State RHODE ISLAND	Zip 02817
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 Date			
Antho	my Piscopio	-	2/23/17
Signature of Authorized Person of the Limited Liability Company			
SIGN DOWN 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

