



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

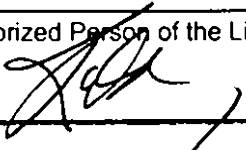
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SECRETARY OF STATE  
CORPORATIONS DIV  
2018 SEP 28 AM 11:49

## 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 **ONLY** in the State of Rhode

1. Entity ID Number <b>000123086</b>		2. Exact Name of the Limited Liability Company <b>PHILLIP MAXWELL, LLC</b>	
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 <b>1954 SMITH ST</b>			
City/Town <b>NORTH PROVIDENCE</b>	State <b>RHODE ISLAND</b>	Zip <b>02911</b>	
4. The address of the <b>NEW</b> resident office is:			
Street Address ( <u>NOT</u> a P.O. Box) <b>5 INTERVALE RD</b>			
City/Town <b>SMITHFIELD</b>	State <b>RHODE ISLAND</b>	Zip <b>02917</b>	
5. Date when this Statement of Change of Resident Office will be effective: <b>CHECK ONE BOX ONLY</b>			
<input checked="" type="checkbox"/> Date received (Upon filing)			
<input type="checkbox"/> Later effective date (Date must be no more than 30 days from the date of filing) _____			
<i>Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Resident Office 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 <b>REBECCA NOTARDONATO</b>			Date <b>9/25/2018</b>
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](http://www.sos.ri.gov)

**FILED**

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State of Rhode Island and Providence Plantations  
**Department of State | Office of the Secretary of State**  
**Nellie M. Gorbea**, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island  
and Providence Plantations, hereby certify that this document, duly executed in  
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as  
amended, has been filed in this office on this day:

September 28, 2018 11:49 AM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea  
*Secretary of State*

