



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

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 SECRETARY OF STATE  
 CORPORATION DIVISION  
 2019 MAR 21 AM 11:00

**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 <i>000556684</i>	2. Exact Name of the Limited Liability Company <i>New England Window LLC</i>	
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 <i>109 west Greenville rd</i>		
City/Town <i>Smithfield</i>	State <b>RHODE ISLAND</b>	Zip <i>02828</i>
4. The address of the <b>NEW</b> resident office is: Street Address (NOT a P.O. Box) <i>107 west Greenville rd</i>		
City/Town <i>Smithfield</i>	State <b>RHODE ISLAND</b>	Zip <i>02828</i>
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 <i>Dana Dussinger</i>	Date <i>3/21/19</i>	
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**

MAR 21 2019  
 BY *[Signature]* PT 7X A  
 11:06



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:

March 21, 2019 11:06 AM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive, written in a professional style.

Nellie M. Gorbea  
*Secretary of State*

