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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) _____		
<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 <i>Dana Dussinger</i>	Date <i>3/21/19</i>	
Signature of Authorized Person of the Limited Liability Company <div style="text-align: center;">SIGN DOCUMENT HERE</div>		

**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