



RECEIVED  
 SECRETARY OF STATE  
 CORPORATIONS DIV

2019 OCT 22 PM 1:08

**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 <b>1674641</b>		2. Exact Name of the Limited Liability Company <b>Smith Street Enterprise LLC</b>	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address <b>10 DIE FAZIO DRIVE</b>			
City/Town <b>Johnston</b>	State <b>RHODE ISLAND</b>	Zip <b>02919</b>	
4. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) <b>1 ERICA DRIVE</b>			
City/Town <b>Lincoln</b>	State <b>RHODE ISLAND</b>	Zip <b>02865</b>	
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 <b>NABEEM SAFAAR</b>		Date <b>10/22/2019</b>	
Signature of Authorized Person of the Limited Liability Company <b>Nabeem Saftar</b> 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

**FILED**

OCT 22 2019

BY **A.A 1:10p.m.**