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 BUS SVCS DIV
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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 00702417	2. Exact Name of the Limited Liability Company Silverco LLC
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:	
Street Address 166 Washington Ave, #2	
City/Town Providence	State RHODE ISLAND
Zip 02905	
4. The address of the NEW resident office is:	
Street Address (NOT a P.O. Box) 170 Washington Ave, #2	
City/Town Providence	State RHODE ISLAND
Zip 02905	
5. Date when this Statement of Change of Resident Office will be effective: CHECK ONE BOX ONLY	
<input checked="" type="checkbox"/> Date received (Upon filing)	
Later effective date (Date must be no more than 90 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 Nicholas Silvernail	Date 9/22/20
Signature of Authorized Person of the Limited Liability Company 	

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

SEP 30 2020

BY AA 9:50 AM.