



State of Rhode Island

Department of State - Business Services Division

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 BUS. SERVICES DIV.
 2020 NOV -2 P 3:32

Statement of Change of Office

DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

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7-1.2

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 000141266	2. Exact Name of the Limited Liability Company Glass America, Inc.		
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 681 Smith Street			
City/Town Providence	State RHODE ISLAND	Zip 02908	
4. The address of the NEW resident office is:			
Street Address (<u>NOT</u> a P.O. Box) 1130 Ten Rod Road, Suite F-201			
City/Town North Kingstown	State RHODE ISLAND	Zip 02852	
5. Date when this Statement of Change of Resident Office will be effective: CHECK ONE BOX ONLY			
☒ Date received (Upon filing)			
☐ Later effective date (Date must be no more than 90 days from the date of filing) _____			
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.			
Name of Authorized Person of the Limited Liability Company Kerry T. Reid			Date 10/21/2020
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

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