



State of Rhode Island  
**Department of State - Business Services Division**

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 R.I. DEPT. OF STATE  
 BUS SVCS DIV

2020 NOV 12 P 12:39

**Statement of Change of Office**  
 DOMESTIC or FOREIGN Limited Liability Company

**STAMP**

→ 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 1682537		2. Exact Name of the Limited Liability Company MODERN EYES LLC	
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 11 KIMBERLY ANN DRIVE			
City/Town GREENVILLE	State RHODE ISLAND	Zip 02828	
4. The address of the <b>NEW</b> resident office is:			
Street Address (NOI a P.O. Box) 1970 PAWTUCKET AVENUE			
City/Town EAST PROVIDENCE	State RHODE ISLAND	Zip 02914	
5. Date when this Statement of Change of Resident Office will be effective: <b>CHECK ONE BOX ONLY</b>			
<input checked="" type="checkbox"/> Date received (Upon filing)			
<input type="checkbox"/> 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 KELLIE MCMAHON			Date 11/9/2020
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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