

Pursuant to the provisions of RIGL 7-16-11 the undersigned limited liability company submits the

## RECEIVED R.I. DEPT. OF STATE BUS SYCS DIV

STALLS

2020 NOV 19 AM 12: 11

## Statement of Change of Office

DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

following statement for the pu	rpose of changing its resident o	office ONLY in the State of Rho	ode
1. Entity ID Number	2. Exact Name of the Limited Liability Company		
1701714	SMR Enterprises, LLC		
3. The address of the resider	nt office as PRESENTLY showr	n in the records on file with the	RI Department of State:
Street Address 681 Smith Stree	t		
City/Town Providence		State RHODE ISLAND	Zip 02908
4. The address of the NEW resident office is:			
Street Address (NOT 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 v	vill 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 de Limited Liability Company, a	eclare and affirm that I have exa nd that all statements contained	nmined this Statement of Chan I herein are true and correct.	ge of Resident Office by the
Name of Authorized Person of the Limited Liability Company			Date
Charles F. Reilly			11/16/2020
Signature of Authorized Persen of the Limited Liebility Company			
harlent Certs			R. 202
			RECEIVED DEPT. OF STATE BUS SYCS DIV DEC -8 AMII:
			: <u>3</u>

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

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