



State of Rhode Island
Department of State - Business Services Division

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 R.I. DEPT. OF STATE
 BUS SVCS DIV

2021 APR -9 A 11: 12

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 000081337		2. Exact Name of the Limited Liability Company Island Hardware & Supply, Inc.	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 410 Kingstown Road Suite 3			
City/Town West Kingston	State RHODE ISLAND	Zip 02898	
4. The address of the NEW resident office is:			
Street Address (NOT a PO Box) 4080 South County Trail Suite 1			
City/Town Charlestown	State RHODE ISLAND	Zip 02813	
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) _____			
<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 EDIE COALLIN		Date 03/25/21	
Signature of Authorized Person of the Limited Liability Company <i>Edie Coallin</i>			

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FILED

APR 09 2021

BY *[Signature]*

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov