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State of Rhode Island

Department of State - Business Services Division

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R.I. DEPT OF STATE

BUS SVCS DIV

2021 OCT 13 P. 1: 34

Statement of Change of Office

DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

Pursuant to the provisions of RIGL <u>7-16-11</u> 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 2. Exact Name of I	the Limited Liability Company
001050133 SMITTY'S	Auto Solutions LCC
3. The address of the resident office as PRÉSENTLY shown in the records on file with the RI Department of State:	
Street Address 62 Bernon St	
City/Town / ProulineWCE	State RHODE ISLAND Zip 290 3
4. The address of the NEW resident office is:	
Street Address (NOT a P.O. Box) 153 WAIDO 57.	
City/Town POVIDENCE	State RHODE ISLAND Zip C2907
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 Liabilit	y Company Date
Mart A Rodrage Signature of Authorized Person of the Limited Liability Company	
Signature of Authorized Person of the Limited Liability Company	
ml	

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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I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this
office on this day:

October 13, 2021 01:34 PM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

