



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

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2021 DEC -1 AM 11:45

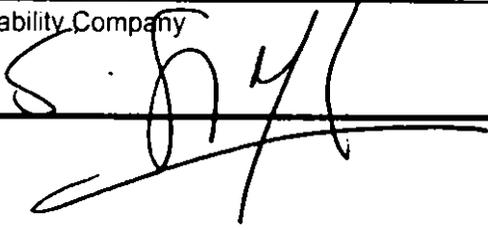
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**Statement of Change of Office**

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<br><b>001712974</b>  |                              | 2. Exact Name of the Limited Liability Company<br><b>HASSLE FREE COLLISION, LLC</b> |                          |
| 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<br><b>2058 Elmwood Ave 2 ESTEN ST. Units</b>  |                              |   |                          |
| City/Town<br><b>PROVIDENCE WARWICK</b>   | State<br><b>RHODE ISLAND</b> | Zip<br><del>02888</del> <b>02908</b>  |                          |
| 4. The address of the <b>NEW</b> resident office is:   |                              |   |                          |
| Street Address (NOT a P.O. Box)<br><b>2058 Elmwood Avenue.</b>   |                              |   |                          |
| City/Town<br><b>Warwick</b>  | State<br><b>RHODE ISLAND</b> | Zip<br><b>02888</b>   |                          |
| 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) _____  |                              |   |                          |
| 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<br><b>SUMMET SINGH</b>  |                              |   | Date<br><b>12/1/2021</b> |
| Signature of Authorized Person of the Limited Liability Company<br>  |                              |   |                          |

**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**

DEC 01 2021  
 BY **A.A. 11:45 A.M.**



State of Rhode Island  
**Department of State | Office of the Secretary of State**  
**Nellie M. Gorbea**, *Secretary of State*

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:

December 01, 2021 11:45 AM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea".

Nellie M. Gorbea  
*Secretary of State*

