



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

2022 APR 18 PM 3:14  
 RI DEPT OF STATE  
 BUS SVCS DIV

**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 <b>001722042</b>	2. Exact Name of the Limited Liability Company <b>Brighter Smiles Cleaning, 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 <b>60 Joseph Street Apt 10</b>			
City/Town <b>Providence</b>	State <b>RHODE ISLAND</b>	Zip <b>02904</b>	
4. The address of the <b>NEW</b> resident office is:			
Street Address ( <u>NOT</u> a P.O. Box) <b>109 Imperial Drive</b>			
City/Town <b>Warwick</b>	State <b>RHODE ISLAND</b>	Zip <b>02886</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) _____			
<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 <b>Abdoulie Bah</b>			Date <b>4/12/2022</b>
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](http://www.sos.ri.gov)

**FILED**

APR 18 2022

*AA:3:4pm*