



State of Rhode Island
Department of State - Business Services Division

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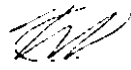
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Statement of Change of Manager's Address

DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

Pursuant to the provisions of RIGL 7-16 the undersigned limited liability company submits the following statement for the purpose of changing its manager's address **ONLY**. This form cannot be used to change the name of the manager of a limited liability company.

1. Entity ID Number 001669994		2. Exact Name of the Limited Liability Company N.E.S. Solutions LLC	
3. The name and address of the manager as PRESENTLY shown in the records on file with the RI Department of State:			
Name of Manager Wayne Fantasia O'Connor			
Street Address 1119 Douglas Avenue			
City/Town North Providence	State RI	Zip 02904	
4. The NEW address of the manager is:			
Street Address 55 Douglas Pike, Unit 203			
City/Town Smithfield	State RI	Zip 02917	
5. Date when this Statement of Change of Manager's Address will be effective: CHECK ONE BOX ONLY			
<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 Manager's Address by the Limited Liability Company, and that all statements contained herein are true and correct.			
Name of Authorized Person of the Limited Liability Company Wayne Fantasia O'Connor		Date 8/23/2023 11:03 AM PDT	
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

FILED

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BY ML

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