

Statement of Change of Office DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

	RIGL $\frac{7-16-11}{100}$ the undersigned rpose of changing its resident of				
1. Entity ID Number	2. Exact Name of the Limited Liability Company				
000144660	VENCO ELECTRIC, LLC				
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department otistate: ⇒					
Street Address 91 FRIENDSHIP STREET				B DEC	
City/Town PROVIDENCE		State RHODE ISLAND	Zip 02903	9	
4. The address of the NEW resident office is:					- 20 G
Street Address (NOT a P.O. Box) 167 MAIN STREET				= ယ	in
City/Town WESTERLY		State RHODE ISLAND	Zip 02891	·	ķ
5. Date when this Statement of Change of Resident Agent will be effective: CHECK ONLY ONE BOX					
✓ Date received (Upon filing)					
Later effective date (Date must be no more than 30 days from the day of filing)					
Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Resident Agent by the Limited Liability Company, and that all statements contained herein are true and correct.					
Name of Authorized Person of the Limited Liability Company			Date	-	
AMERICO M. SCUNGIO, ESQ.			12-14	1-16	
Signature of Authorized Person	on of the Limited Liability Comp	any	<u>. </u>		
SIGN DOCUMENT HERE					
					

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

FORM 642A - Revised: 06/2016

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island and Providence Plantations, 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:

Nellie M. Gorbea
Secretary of State

Tullin U. Horler

