



State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

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SECRETARY OF STATE  
CORPORATIONS DIV

2018 SEP 21 AM 10:13

### 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 in the State of Rhode Island.

|                                                                                                                                                                                                                 |  |                                                                                |                                      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------|--------------------------------------|
| 1. Entity ID Number<br><b>1102092</b>                                                                                                                                                                           |  | 2. Exact Name of the Limited Liability Company<br><b>Hard Rock Paving 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 <del>240 E. Greenwich Ave</del> <b>13 Goddard St.</b>                                                                                                                                            |  |                                                                                |                                      |
| City/Town<br><del>Providence</del> <b>Hope</b>                                                                                                                                                                  |  | State<br><b>RHODE ISLAND</b>                                                   | Zip<br><del>02893</del> <b>02831</b> |
| 4. The address of the <b>NEW</b> resident office is:                                                                                                                                                            |  |                                                                                |                                      |
| Street Address (NOT a P.O. Box) <b>290 E. Greenwich Ave</b>                                                                                                                                                     |  |                                                                                |                                      |
| City/Town<br><b>West Warwick</b>                                                                                                                                                                                |  | State<br><b>RHODE ISLAND</b>                                                   | Zip<br><b>02893</b>                  |
| 5. Date when this Statement of Change of Resident Agent will be effective. CHECK ONLY ONE BOX                                                                                                                   |  |                                                                                |                                      |
| <input checked="" type="checkbox"/> Date received (Upon filing)                                                                                                                                                 |  |                                                                                |                                      |
| <input type="checkbox"/> 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<br><b>Patience Stanley</b>                                                                                                                           |  |                                                                                | Date<br><b>9/21/18</b>               |
| Signature of Authorized Person of the Limited Liability Company<br> <b>HERE</b>                                             |  |                                                                                |                                      |

#### 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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State of Rhode Island and Providence Plantations  
**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  
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:

September 21, 2018 10:13 AM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea  
*Secretary of State*

