



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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SECRETARY OF STATE
CORPORATIONS DIV


2019 FEB -1 AM 10:16

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 000959389	2. Exact Name of the Limited Liability Company FARAGNE STONEWORK & MASONRY SERVICES LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 100 GOLD FENIX DR. APT 135		
City/Town COVENTRY	State RHODE ISLAND	Zip 02816
4. The address of the NEW resident office is: Street Address (NOT a P.O. Box) 44 VINE ST		
City/Town COVENTRY	State RHODE ISLAND	Zip 02816
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 ROBERT FARAGNE		Date 1-24-2019
Signature of Authorized Person of the Limited Liability Company  SIGN DOCUMENT HERE		

MAIL TO:

Division of Business Services

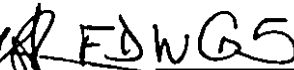
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BY  **FDWG5**

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