



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

2019 MAY 28 PM 12:04

Statement of Change of Agent
 DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

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 agent in the State of Rhode Island:

1. Entity ID Number 1671841		2. Exact Name of the Limited Liability Company CAIRO BUILDERS LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 2227 Mineral Spring Ave			
City/Town North Providence		State RHODE ISLAND	Zip 02911
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: Ronald DeThomas			
5. The address of the NEW resident office is: Susan Gershkoff			
Street Address (NOT a P.O. Box) 132 Old Over Rd # 205			
City/Town Lincoln		State RHODE ISLAND	Zip 02865
6. The name of the NEW resident agent is: Susan Gershkoff			
7. 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 John Cairns			Date 5/28/2019
Signature of Authorized Person of the Limited Liability Company <i>[Signature]</i>			

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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 BY R6@VI
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