



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

STATE OF RHODE ISLAND  
CORPORATIONS DIV

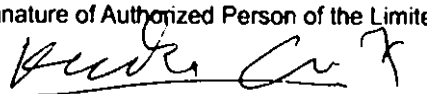
2019 DEC 30 AM 10:54

**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 **ONLY** in the State of Rhode

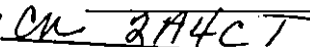
1. Entity ID Number <b>000794219</b>		2. Exact Name of the Limited Liability Company <b>K &amp; B MECHANICAL, LLC</b>	
3. The address of the resident office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:			
Street Address <b>53 TIFFANY STREET</b>			
City/Town <b>NORTH PROVIDENCE</b>		State <b>RHODE ISLAND</b>	Zip <b>02904</b>
4. The address of the <b>NEW</b> resident office is:			
Street Address ( <b>NOT</b> a P.O. Box) <b>190 CROMPTON ROAD</b>			
City/Town <b>EAST GREENWICH</b>		State <b>RHODE ISLAND</b>	Zip <b>02818</b>
5. Date when this Statement of Change of Resident Office will be effective: <b>CHECK ONE BOX ONLY</b>			
<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 Resident Office by the Limited Liability Company, and that all statements contained herein are true and correct.			
Name of Authorized Person of the Limited Liability Company <b>KUMUDU GUNARATHNE</b>			Date <b>10/09/19</b>
Signature of Authorized Person of the Limited Liability Company  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](http://www.sos.ri.gov)

**FILED** 

**DEC 30 2019**

BY  **2A4CT**

FORM 642A - Revised: 12/2018

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