RI SOS Filing Number: 201930828490 Date: 12/30/2019 12:05:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division



Statement of Change of Office

2019 DEC 30 PM 12: 05

DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

Pursuant to the provisions of RIGL following statement for the purpose			
ollowing statement for the purpose of changing its resident office in the State of Rhode Island: 1. Entity ID Number 2. Exact Name of the Limited Liability Company			ind:
l ' l .		21 6 8 Ht 6. ass	GAS WOOKS LLC
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 115 maple Drive			
City/Town HARR, SV:11e		State RHODE ISLAND	Oプ83 0 Sib
4. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box)		P.O. BOX 413	
City/Town HARMS ville		State RHODE ISLAND	Zip 02 \$ 3 \to
HARRISVIlle			0 - 100 0
5. Date when this Statement of Ch	ange of Resident Agent w	<u> </u>	
	ange of Resident Agent w	<u> </u>	
5. Date when this Statement of Ch		vill be effective: CHECK ONLY	
Date when this Statement of Ch Date received (Upon filing)	st be no more than 30 day	vill be effective: CHECK ONLY ys from the day of filing) mined this Statement of Chan	ONE BOX
5. Date when this Statement of Ch Date received (Upon filing) Later effective date (Date must Under penalty of perjury. I declare	st be no more than 30 day and affirm that I have exa t all statements contained	vill be effective: CHECK ONLY ys from the day of filing) mined this Statement of Chan therein are true and correct.	ONE BOX
5. Date when this Statement of Ch Date received (Upon filing) Later effective date (Date must Under penalty of perjury. I declare Limited Liability Company, and that	st be no more than 30 day and affirm that I have exa t all statements contained Limited Liability Company	vill be effective: CHECK ONLY ys from the day of filing) mined this Statement of Chan I herein are true and correct.	ONE BOX ge of Resident Agent by the
5. Date when this Statement of Ch Date received (Upon filing) Later effective date (Date must Under penalty of perjury. I declare Limited Liability Company, and that Name of Authorized Person of the Signature of Authorized Person of	st be no more than 30 day and affirm that I have exa t all statements contained Limited Liability Company	vill be effective: CHECK ONLY ys from the day of filing) mined this Statement of Chan therein are true and correct.	ge of Resident Agent by the Date

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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

DEC 3 0 2019

BY Ch 70459

12:05

Harrisville Post Office 131 Harrisville Main Street Harrisville RI 02830-9998 401-568-9075



DATE: December 27, 2019

To Whom It May Concern.

This letter is to validate that Brian McCutcheon has mail delivered to him at 115 Maple Drive in Harrisville RI 02830 and also has for his business BMAC Plumbing and Heating and Gas Works Post Office Box 413 Harrisville, RI 02830. I am hoping this will eliminate any further concerns.

Sincerely,

Wendy/M Demarais-Postmaster

Harrisville, RI 02830

401-568-9075

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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:

December 30, 2019 12:05 PM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

