



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

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Statement of Change of Agent ADDRESS

2020 JAN 29 PM 1:42

DOMESTIC or FOREIGN ~~Limited Liability Company~~

→ Filing Fee: \$20.00

NO fee

Business Corporation
 7-1-2-502 Corporation

Pursuant to the provisions of RIGL ~~2-10-11~~ 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 000146947		2. Exact Name of the Limited Liability Company Corporation Summit Construction Inc	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 10 Partition Street., Apt B-11			
City/Town Warwick	State RHODE ISLAND	Zip 02888	
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: Peter Lazzarino			
5. The address of the NEW resident office is: Street Address (NOT a P.O. Box) 34 Fox Ridge Crescent			
City/Town Warwick	State RHODE ISLAND	Zip 02888	
6. The name of the NEW resident agent is: Peter Lazzarino			
7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONE BOX ONLY			
<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 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 Corporation Peter D. Lazzarino		Date 01/21/2020	
Signature of Authorized Person of the Limited Liability Company Corporation <i>Peter Lazzarino</i>		<i>Corporation</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

FILED

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