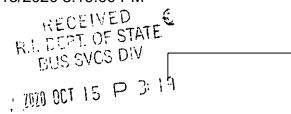
RI SOS Filing Number: 202065007130 Date: 10/15/2020 3:19:00 PM



State of Rhode Island u.

Department of State - Business Services Division



Statement of Change of Office

DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

STAMP

FO : Starftart of State USE ONL)

Pursuant to the provisions of R following statement for the pur			
1. Entity ID Number	2. Exact Name of the Limited Liability Company		
001694291	PAUL DEMELO GENERAI. CONTRATOR LLC		
3. The address of the resident	t office as PRESENTLY shown	in the records on file with the	RI Department of State:
Street Address 250 HUNT STRE	ET		
City/Town CENTRAL FALLS		State RHODE ISLAND	Zip 02863
4. The address of the NEW re			<u> </u>
Street Address (NOT a P.O. Box) 37 BOSWELL TRAIL			
City/Town FOSTER		RHODE ISLAND	Zip 02825
5. Date when this Statement of Change of Resident Office will be effective: CHECK ONE BOX ONLY			
Date received (Upon filin	ıg)		
Later effective date (Date must be no more than 90 days from the date of filing)			
	clare and affirm that I have exa d that all statements contained		ge of Resident Office by the
Name of Authorized Person of the Limited Liability Company			Date
PAUL DEMELO			SEPTEMBER 16, 2020
Signature of Authorized Perso			<u></u>

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 MSTANP

OCT 15 2020 By 0 3:19 RI SOS Filing Number: 202065007130 Date: 10/15/2020 3:19:00 PM



I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island, 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:

October 15, 2020 03:19 PM

Nellie M. Gorbea Secretary of State

Tullis U. Horler

