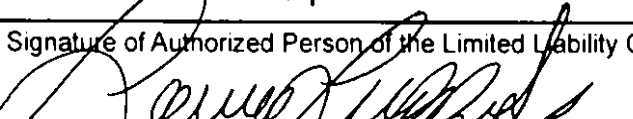


**Department of State - Business Services Division**

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**DOMESTIC or FOREIGN Limited Liability Company**

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 1683873		2. Exact Name of the Limited Liability Company John William Masonry BRS LLC	
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 <del>2000 Main Street</del>			
City/Town <del>Providence</del>		State RHODE ISLAND	Zip
4. The name of the resident agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:			
5. The address of the <b>NEW</b> resident office is: Street Address (NOT a P.O. Box) 450 Veterans Memorial Pkwy #301			
City/Town East Providence		State RHODE ISLAND	Zip 02914
6. Resident agent is: Rhode Island Builders' Association, Inc.			
7. Date when this Statement of Change of Resident Agent 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 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 Laurie Lippolis, Business Manager			Date 12/14/2020
Signature of Authorized Person of the Limited Liability Company 			

**Website:** [www.sos.ni.gov](http://www.sos.ni.gov)

**FILED**

DEC 21 2020

EX 40855

A.A. 12:16 p.m.