



State of Rhode Island

Department of State - Business Services Division

**Statement of Change of Registered Office**

DOMESTIC or FOREIGN Business Corporation

→ No Filing Fee

2021 FEB 23 P 12:42  
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 BUS SVCS DIV  
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Pursuant to the provisions of RIGL 7-1.2-502 or 7-1.2-1409 the undersigned corporation submits the following statement for the purpose of changing its registered office **ONLY** in the State of Rhode Island

|                                                                                                                                                                                   |                                                                           |                    |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|--------------------|--|
| 1. Entity ID Number<br>150720                                                                                                                                                     | 2. Exact Name of the Corporation<br>Lembo Brothers Electric Company, Inc. |                    |  |
| 3. The address of the registered office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:                                                         |                                                                           |                    |  |
| Street Address 6 Sylvia Lane                                                                                                                                                      |                                                                           |                    |  |
| City/Town Lincoln                                                                                                                                                                 | State RHODE ISLAND                                                        | Zip 02865          |  |
| 4. The address of the <b>NEW</b> registered office is:                                                                                                                            |                                                                           |                    |  |
| Street Address (NOT a P.O. Box) 99 Hilltop Drive                                                                                                                                  |                                                                           |                    |  |
| City/Town Johnston                                                                                                                                                                | State RHODE ISLAND                                                        | Zip 02919          |  |
| 5. Date when this Statement of Change of Registered 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 30 days from the date of filing) _____                                                                   |                                                                           |                    |  |
| 6. A copy of this Statement has been mailed to the corporation (applicable when agent records statement).                                                                         |                                                                           |                    |  |
| Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Registered Office, and that all statements contained herein are true and correct. |                                                                           |                    |  |
| Name of the Registered Agent/Officer of the Corporation<br>Russell J. Lembo, President                                                                                            |                                                                           | Date<br>02/16/2021 |  |
| Signature of the Registered Agent/Officer of the Corporation<br><i>Russell J. Lembo</i> PRESIDENT                                                                                 |                                                                           |                    |  |

**MAIL TO:**

Division of Business Services

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

Phone: (401) 222-3040

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