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2021 DEC -6 A 9:29



State of Rhode Island

Department of State - Business Services Division

**Statement of Change of Office**

DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

STAMP

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 office **ONLY** in the State of Rhode

|                                                                                                                                                                                                                  |                                                                        |           |                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|-----------|--------------------|
| 1. Entity ID Number<br>001694261                                                                                                                                                                                 | 2. Exact Name of the Limited Liability Company<br>ALLSTATE ROOFING 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 129 MINERAL SPING AVE APT 3                                                                                                                                                                       |                                                                        |           |                    |
| City/Town PAWTUCKET                                                                                                                                                                                              | State RHODE ISLAND                                                     | Zip 02860 |                    |
| 4. The address of the <b>NEW</b> resident office is:                                                                                                                                                             |                                                                        |           |                    |
| Street Address (NOT a P.O. Box) 2001 PLAINFIELD PIKE                                                                                                                                                             |                                                                        |           |                    |
| City/Town JOHNSTON                                                                                                                                                                                               | State RHODE ISLAND                                                     | Zip 02919 |                    |
| 5. Date when this Statement of Change of Resident 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 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 Office by the Limited Liability Company, and that all statements contained herein are true and correct. |                                                                        |           |                    |
| Name of Authorized Person of the Limited Liability Company<br>MICHAEL VALLEJO AILLON                                                                                                                             |                                                                        |           | Date<br>11/17/2021 |
| Signature of Authorized Person of the Limited Liability Company<br>                                                                                                                                              |                                                                        |           |                    |

**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 06 2021

BY   
9:31



State of Rhode Island

**Department of State | Office of the Secretary of State**

**Nellie M. Gorbea**, *Secretary of State*

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:

December 06, 2021 09:31 AM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea", is written in a cursive style.

Nellie M. Gorbea  
*Secretary of State*

