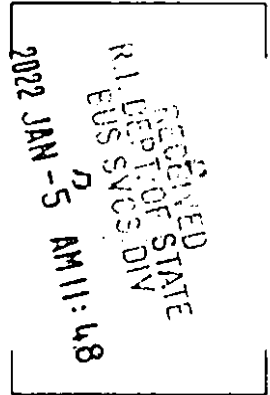




State of Rhode Island

## Department of State - Business Services Division



Address

## Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

NO Fee

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 <b>001690752</b>	2. Exact Name of the Limited Liability Company <b>Rosseo Contracting Group, LLC</b>	
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 <b>59 Elmwood Avenue</b>		
City/Town <b>Providence</b>	State <b>RHODE ISLAND</b>	Zip <b>02907</b>
4. The name of the resident agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State: <b>Kenneth Trinqu</b>		
5. The address of the <b>NEW</b> resident office is: Street Address ( <b>NOT</b> a P.O. Box) <b>75 Arnold Avenue</b>		
City/Town <b>Cranston</b>	State <b>RHODE ISLAND</b>	Zip <b>02905</b>
6. The name of the <b>NEW</b> resident agent is: <b>Kenneth Trinqu</b>		
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 <b>Kenneth Trinqu, Sole Member</b>		Date <b>12/31/2021</b>
Signature of Authorized Person of the Limited Liability Company 		

## 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

STAMP

JAN 5 2022

11:48

BY