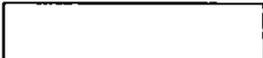




State of Rhode Island
Department of State - Business Services Division



Statement of Change of Agent
 DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

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:

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 R.I. DEPT. OF STATE
 BUS SVCS DIV
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1. Entity ID Number 1690657	2. Exact Name of the Limited Liability Company DiFazio Materials, LLC.	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 78 Kenwood Street		
City/Town Cranston	State RHODE ISLAND	Zip 02907
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: John DiBona		
5. The address of the NEW resident office is: Street Address (<u>NOT</u> a P.O. Box) 303 Jefferson Boulevard		
City/Town Warwick	State RHODE ISLAND	Zip 02888
6. The name of the NEW resident agent is: Anthony DiBiase		
7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONE BOX ONLY		
<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) _____		
<i>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.</i>		
Name of Authorized Person of the Limited Liability Company Anthony DiFazio	Date 9-23-22	
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

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SEP 26 2022 3:31
 BY AWISQ