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State of Rhode Island

Department of State - Business Services Division

Statement of Change of Registered Office

DOMESTIC or FOREIGN Business Corporation

→ No Filing Fee

Pursuant to the provisions of RIGL <u>7-1,2-502</u> or <u>7-1,2-1409</u> 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 000096656	2. Exact Name of the Corporation WESTERLY GRANITE CO., INC.		P: 02
3. The address of the register	red office as PRESENTLY show	wn in the records on file with the	ne RI Department of State:
Street Address 15 FRANKLI	N ST	-	
City/Town WESTERLY		State RHODE ISLAND	Zip 02891
4. The address of the NEW re	egistered office is:		
Street Address (NOT a P.O. Box) 17 FRANKLIN ST.			
City/Town WESTERLY		State RHODE ISLAND	Zip 02891
5. Date when this Statement	of Change of Registered Office	will be effective: CHECK ON	E BOX ONLY
Date received (Upon filir Later effective date (Date	ng) e must be no more than 30 day	ys 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 deal statements contained here	clare and affirm that I have exa ein are true and correct.	mined this Statement of Chan	ge of Registered Office, and that
Name of the Registered Agent/Officer of the Corporation GEORGE A. COMOLLI			Date 04/06/23
Signature of the Registered A	Agent/Officer of the Corporation		

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

