



State of Rhode Island  
Department of State - Business Services Division

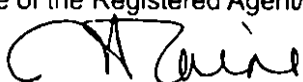
**Statement of Change of Registered Office**

DOMESTIC or FOREIGN Business Corporation

→ No Filing Fee

RECEIVED  
RI. DEPT. OF STATE  
BUS. SVCS. DIV  
JUL 28 2023  
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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 <b>000114325</b>		2. Exact Name of the Corporation <b>R. M. PAINTING CO., INC.</b>	
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 <b>245 WATERMAN ST, SUITE 403</b>			
City/Town <b>PROVIDENCE</b>		State <b>RHODE ISLAND</b>	Zip <b>02906</b>
4. The address of the <b>NEW</b> registered office is:			
Street Address (NOT a P.O. Box) <b>111 HARRISON AVENUE, UNIT B4</b>			
City/Town <b>NEWPORT</b>		State <b>RHODE ISLAND</b>	Zip <b>02840</b>
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).			
<i>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.</i>			
Name of the Registered Agent/Officer of the Corporation <b>PATRICK T. CAINE, ESQ.</b>			Date <b>7/24/23</b>
Signature of the Registered 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](http://www.sos.ri.gov)

