



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

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R.I. DEPT. OF STATE  
BUS SVCS DIV.  
FOR  
SECRETARY OF STATE  
USE ONLY

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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 000504909		2. Exact Name of the Limited Liability Company RAPID CONSTRUCTION, 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 54 Armand Way			
City/Town Hope		State RHODE ISLAND	Zip 02831
4. The name of the resident agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State: Milton Kalashian			
5. The address of the <b>NEW</b> resident office is: Street Address (NOT a P.O. Box) 255 Quaker Lane, Suite 600			
City/Town West Warwick		State RHODE ISLAND	Zip 02893
6. The name of the <b>NEW</b> resident agent is Attorney Tammy A. Bottella			
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 Milton Kalashian			Date 07/20/2023
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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