



State of Rhode Island

Department of State - Business Services Division

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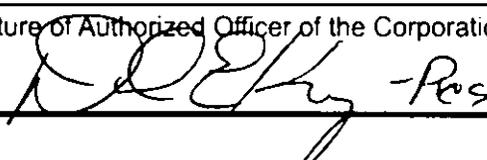
Statement of Change of Agent

DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$20.00

2023 AUG 23 A 11:55

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 agent in the State of Rhode Island:

|  |  |  |                       |
|--|--|--|-----------------------|
| 1. Entity ID Number<br><b>000071445</b>  |  | 2. Exact Name of the Corporation<br><b>DANIEL KOURY CONSTRUCTION, 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:<br>Street Address <b>141 POWER ROAD, SUITE 106</b>                               |  |  |                       |
| City/Town <b>PAWTUCKET</b>   |  | State <b>RHODE ISLAND</b>  | Zip <b>02860</b>      |
| 4. The name of the registered agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:<br><b>MARK P. WELCH, ESQ.</b>  |  |  |                       |
| 5. The address of the <b>NEW</b> registered office is:<br>Street Address ( <u>NOT</u> a P.O. Box) <b>650 GEORGE WASHINGTON HWY., STE 200</b>   |  |  |                       |
| City/Town <b>LINCOLN</b>   |  | State <b>RHODE ISLAND</b>  | Zip <b>02865</b>      |
| 6. The name of the <b>NEW</b> registered agent is:<br><b>JOSEPH RAHEB, ESQ.</b>  |  |  |                       |
| 7. Date when this Statement of Change of Registered 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 30 days from the date of filing) _____  |  |  |                       |
| <i>Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Registered Agent by the Corporation, and that all statements contained herein are true and correct.</i> |  |  |                       |
| Name of Authorized Officer of the Corporation<br><b>DANIEL E. KOURY</b>  |  |  | Date<br><b>8/9/23</b> |
| Signature of Authorized Officer of the Corporation<br>  |  |  |                       |

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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Website: www.sos.ri.gov

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