RI SOS Filing Number: 202342025590 Date: 10/2/2023 1:40:00 PM



State of Rhode Island

Department of State - Business Services Division

REC'D RIDOS BSD 23 OCT 2 PM 1:39:45

## **Statement of Change of Registered Office**

**DOMESTIC or FOREIGN Business Corporation** 

→ No Filing Fee

| Pursuant to the provisions of RIGL 7-1.2-502 or 7-1.2-14/09 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  2. Exact Name of the Corporation                   |                    |                 |
| Coppa + Son Landscape Constaution I                                                                                                                                               |                    |                 |
| 3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:                                                                |                    |                 |
| 57 Jabell Price                                                                                                                                                                   |                    |                 |
| CITY/TOWN SOLL                                                                                                                                                                    | State RHODE ISLAND | Zip 02882       |
| 4. The address of the NEW registered office is:                                                                                                                                   |                    |                 |
| Street Address (NOT a P.O. Box)  (a MITONO) ROAD                                                                                                                                  |                    |                 |
| CityTown WATCAGANSEH                                                                                                                                                              | State RHODE ISLAND | Zip 02882       |
| 5. Date when this Statement of Change of Registered Office will be effective: CHECK ONE BOX ONLY                                                                                  |                    |                 |
| Date received (Upon filing)  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).                                                                         |                    |                 |
| 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. |                    |                 |
| Name of the Registered Agent/Officer of the Corporation  Kinsten on Presiden                                                                                                      | At .               | Date 9/28 /2022 |
| Signature of the Registered Agent/Officer of the Corporation                                                                                                                      |                    |                 |
| I Now VEL Contraction                                                                                                                                                             |                    |                 |

MAIL TO:

**Division of Business Services** 

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

Phone: (401) 222-3040 Website: www.sos.ri.gov OCT 0 2 2023 BY A.A.1:40 pm