



State of Rhode Island
Department of State - Business Services Division

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
2023 OCT 13 A 10:52

Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

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 1756113	2. Exact Name of the Limited Liability Company South Bay Builders, LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:		
Street Address 141 Power Road		
City/Town Pawtucket	State RHODE ISLAND	Zip 02860
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: Mark P. Welch, Esq.		
5. The address of the NEW resident office is:		
Street Address (NOT a P.O. Box) 28 South Killingly Road		
City/Town Foster	State RHODE ISLAND	Zip 02825
6. The name of the NEW resident agent is: James Carpenter		
7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONE BOX ONLY		
<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 JAMES CARPENTER		Date
Signature of Authorized Person of the Limited Liability Company <i>James Carpenter</i> 10/11		

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED

10-52

OCT 13 2023

BY 18223

AR