



State of Rhode Island  
Department of State - Business Services Division

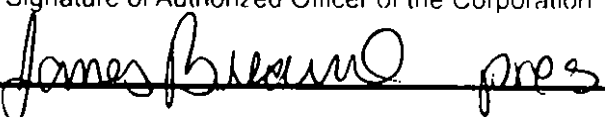
REC'D RIDOS BSD  
23 DEC 1 PM 1:27:37

## Statement of Change of Agent

DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$20.00

Pursuant to the provisions of RIGL 7-1-2-502 or 7-1-2-503 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>000125095                                                                                                                                                                                                                                                             |  | 2. Exact Name of the Corporation<br>Breault Roofing, Inc. |                           |
| 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 15 Colonial Way                                                                                                                                  |  |                                                           |                           |
| City/Town West Warwick                                                                                                                                                                                                                                                                       |  | State RHODE ISLAND                                        | Zip 02893                 |
| 4. The name of the registered agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:<br>Michael P. Therrien                                                                                                                                                 |  |                                                           |                           |
| 5. The address of the <b>NEW</b> registered office is:<br>Street Address (NOT a P.O. Box) 210 Goddard Row                                                                                                                                                                                    |  |                                                           |                           |
| City/Town Newport                                                                                                                                                                                                                                                                            |  | State RHODE ISLAND                                        | Zip 02840                 |
| 6. The name of the <b>NEW</b> registered agent is<br>Walter P. Kalisz Jr.                                                                                                                                                                                                                    |  |                                                           |                           |
| 7. Date when this Statement of Change of Registered Agent will be effective: <b>CHECK ONE BOX ONLY</b><br><input checked="" type="checkbox"/> Date received (Upon filing)<br><input type="checkbox"/> Later effective date (Date must be no more than 30 days from the date of filing) _____ |  |                                                           |                           |
| 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.                                                                                          |  |                                                           |                           |
| Name of Authorized Officer of the Corporation<br>James A. Breault                                                                                                                                                                                                                            |  |                                                           | Date<br>November 17, 2023 |
| Signature of Authorized Officer of the Corporation<br>                                                                                                                                                     |  |                                                           |                           |

### 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  
DEC 01 2023  
BY 3120A  
AA. 1:45 pm.