



State of Rhode Island
Department of State - Business Services Division

Statement of Change of Office

DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
FOR
SECRETARY OF STATE
US ONLY
2023 DEC -6 P 1:24

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 office **ONLY** in the State of Rhode Island:

1. Entity ID Number 001661986		2. Exact Name of the Limited Liability Company Aiello's Excavation LLC.	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 34B NORTH WOODY HILL ROAD			
City/Town BRADFORD		State RHODE ISLAND	Zip 02808
4. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 329 Moose Neck Hill Rd			
City/Town Wyoming		State RHODE ISLAND	Zip 02848
5. Date when this Statement of Change of Resident Office 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 Office by the Limited Liability Company, and that all statements contained herein are true and correct.			
Name of Authorized Person of the Limited Liability Company COREY AIELLO			Date 12/06/2023
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

FILED
STAMP
DEC 06 2023
BY ml/vv955
1:31
FOR
SECRETARY OF STATE