

Statement of Change of Registered Office DOMESTIC or FOREIGN Business Corporation

→ No Filing Fee

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Pursuant to the provisions of F following statement for the pur	RIGL <u>7-1,2-502</u> or <u>7-1,2-1409</u> the pose of changing its registered	ne undersigned corporation su Loffice ONLY in the State of R	bmits the hode Island:		
1. Entity ID Number	2. Exact Name of the Corporation				
001697745	LR electrical services corporation				
3. The address of the register	ed office as PRESENTLY sho	wn in the records on file with th	ne RI Department of State:		
Street Address 554 EAST N	IAIN				
City/Town MIDDLETOWN		State RHODE ISLAND	^{Zip} 02842		
4. The address of the NEW re	egistered office is:				
Street Address (<u>NOT</u> a P.O. Box)	645 FISH ROAD APT A				
City/Town TIVERTON		State RHODE ISLAND	^{Zip} 02878		
5. Date when this Statement	of Change of Registered Office	will be effective: CHECK ONI	E BOX ONLY		
Date received (Upon filir Later effective date (Date	ng) e must be no more than 30 day	ys from the date of filing)			
6. A copy of this Statement ha	as been mailed to the corporati	on (applicable when agent rec	ords statement).		
Under penalty of perjury, I de all statements contained here		mined this Statement of Chan	ge of Registered Office, and that		
Name of the Registered Agen	t/Officer of the Corporation		Date		
Thiago R Alves			01/16/2024		
Signature of the Registered A	gent/Officer of the Corporation				
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MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov JAN 16 2024