



State of Rhode Island
Department of State - Business Services Division

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DEC 31 2023

Articles of Amendment

DOMESTIC Limited Liability Company

→ Filing Fee: \$50.00

Pursuant to the provisions of RIGL ~~7-16-12~~ the undersigned limited liability company hereby amends its Articles of Organization as follows:

BY _____

<p>1. Entity ID Number: 001704868</p>	<p>2. The name of the limited liability company is: Cushman Contracting Company LLC</p>
<p>3. If the entity's name is changing, state the new name: <div style="text-align: right;">Check the box to indicate no change <input checked="" type="checkbox"/></div></p>	
<p>4. If the principal office address of the entity is changing, complete the following section: 58 Cedar Swamp Road, Smithfield, R.I. 02917 <div style="text-align: right;">Check the box to indicate no change <input type="checkbox"/></div></p>	
<p>5. If the period of duration is changing, complete the following section: CHECK ONE BOX ONLY <input type="checkbox"/> Perpetual (on-going) <input type="checkbox"/> Date certain for dissolution _____ <div style="text-align: right;">Check the box to indicate no change <input checked="" type="checkbox"/></div> </p>	
<p>6. If the entity's tax status is changing, complete the following section: CHECK ONE BOX ONLY <input type="checkbox"/> Partnership or <input type="checkbox"/> A corporation or <input checked="" type="checkbox"/> Disregarded as an entity separate from its member(s) <div style="text-align: right;">Check the box to indicate no change <input type="checkbox"/></div> </p>	
<p>7. If the management structure is changing, complete the following section: The Limited Liability Company is to be managed by CHECK ONE BOX ONLY <input type="checkbox"/> Its member(s) (If you have checked this box, skip to Section 7. DO NOT fill out the chart below.) <input checked="" type="checkbox"/> One (1) or more manager(s) (If the limited liability company has manager(s) at the time of the filing of these Articles of Amendment, state the name and address of each manager on the next page.) </p>	

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BY 1097982

DJ 3pm

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

MANAGER	ADDRESS
David Cushman	58 Cedar Swamp Road Smithfield, R.I. 02917

Check the box to indicate no change

8. If adding or amending additional provisions, complete the following section:

Check the box to indicate no change

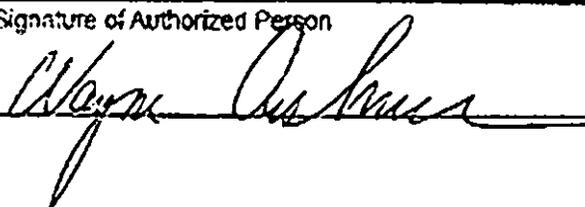
9. As required by RIGL ~~7-15-67~~, the entity has paid all fees and taxes.

10. Date when these Articles of Amendment will be effective: CHECK ONE BOX ONLY

Date received (Upon filing)

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 these Articles of Amendment, including any accompanying attachments, and that all statements contained herein are true and correct.

Name of Authorized Person wayne cushman	Street Address 62 Royal Avenue	
City/Town Cranston	State R.I.	Zip Code 02920
Signature of Authorized Person 	Date 1/18/23	

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.