



State of Rhode Island  
Department of State - Business Services Division

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R.I. DEPT. OF STATE  
BUS SVCS DIV  
**STAMP**  
2024 JAN 23 P 2:50  
FOR SECRETARY OF STATE  
USE ONLY

**Statement of Change of Office**

DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

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 <b>001710943</b>		2. Exact Name of the Limited Liability Company <b>Mahoney Excavating + Site Work LLC</b>	
3. The address of the resident office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:			
Street Address <b>1900 Mineral Spring Ave</b>			
City/Town <b>N. Prov</b>	State <b>RHODE ISLAND</b>	Zip <b>02911</b>	
4. The address of the <b>NEW</b> resident office is:			
Street Address (NOT a P.O. Box) <b>2067 Mineral Spring Ave Suite 3</b>			
City/Town <b>N. Prov</b>	State <b>RHODE ISLAND</b>	Zip <b>02911</b>	
5. Date when this Statement of Change of Resident Office will be effective: <b>CHECK ONE BOX ONLY</b>			
<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 <b>John Mahoney</b>		Date <b>1/23/24</b>	
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 MP**  
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JAN 23 2024  
BY **N2N28**