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State of Rhode Island

Department of State - Business Services Division

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2024 JAN-29 A- 9: 03

Designation of Registered Agent/Office

DOMESTIC or FOREIGN Partnership

→ No Filing Fee

Pursuant to the provisions of RIGL <u>7-13.1-118</u> or <u>7-12,1-909</u> the undersigned partnership submits the following statement for the purpose of designating a registered agent and office in the State of Rhode Island:

1. Entity ID Number	2. Exact Name of the Partner		
001764320	H&B DRYI	NALL CONSTR	OCTION LLI
3. The address of the registered office is:			
Street Address (NOI a P.O. Box) 62 VAIIEY ST#2			
O's 77	FAlls	RHODE ISLAND	zip 02863
4. The name of the registered agent is:			
ORESTES HERNANDEZ TORRES			
5. Under penalty of perjury, I declare and affirm that I have examined this Statement of Designation of Registered Office by the Partnership, and that all statements contained herein are true and correct.			
Name of a General Partner or Authorized Representative Date			
() RESTES	HERNAUI	12	01/26/24
Signature of the a General Partner or Authorized Representative			
0 H.T	_		

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 **2 9** 2024 BY______