RI SOS Filing Number: 202446524250 Date: 2/15/2024 1:04:00 PM



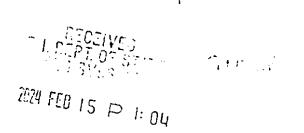
## State of Rhode Island

## **Department of State - Business Services Division**

## **Statement of Change of Agent**

DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$20.00



Pursuant to the provisions of RIGL <u>7-1.2-502</u> or <u>7-1.2-1409</u> the undersigned corporation submits the following statement for the purpose of changing its registered agent in the State of Rhode Island:			
1. Entity ID Number	2. Exact Name of the Corporation		
001675142	G.L. Capasso, Inc.		
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 450 Veterans Memorial Parkway, Suite 301			
City/Town East Providence		State RHODE ISLAND	<sup>Zip</sup> 02914
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State:			
Rhode Island Builders Association, Inc.			
5. The address of the NEW registered office is:			
Street Address (NOT a P.O. Box) 47 Wood Avenue, Suite 2			
City/Town Barrington		State RHODE ISLAND	<sup>Zip</sup> 02806
6. The name of the <b>NEW</b> registered agent is:			
Registered Agents Inc			
7. Date when this Statement of Change of Registered Agent will be effective: CHECK ONE BOX ONLY			
✓ Date received (Upon filing)			
Later effective date (Date must be no more than 30 days from the date of filing)			
Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Registered Agent by the Corporation, and that all statements contained herein are true and correct.			
Name of Authorized Officer o	f the Corporation		Date
Carmine Capasso			2/9/2024
Signature of Authorized Officer of the Corporation			

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

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

