



State of Rhode Island  
Department of State - Business Services Division

**Statement of Change of Agent**

DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$20.00

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2024 FEB 15 P 1:04

Pursuant to the provisions of RIGL 7-1.2-502 or 7-1.2-1409 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 001675142		2. Exact Name of the Corporation G.L. Capasso, Inc.	
3. The address of the registered office as <b>PRESENTLY</b> 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	Zip 02914
4. The name of the registered agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State: Rhode Island Builders Association, Inc.			
5. The address of the <b>NEW</b> registered office is:			
Street Address (NOT a P.O. Box) 47 Wood Avenue, Suite 2			
City/Town Barrington		State RHODE ISLAND	Zip 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: <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 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 of the Corporation Carmine Capasso			Date 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

