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**Statement of Change of Registered Office**  
DOMESTIC or FOREIGN Business Corporation

→ No Filing Fee

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 office **ONLY** in the State of Rhode Island:

1. Entity ID Number <b>015445</b>	2. Exact Name of the Corporation <b>SUPERIOR PAINTING &amp; WALLCOVERING CO., INC.</b>
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 <b>47 CEDAR SWAMP ROAD SUITE 6</b>	
City/Town <b>SMITHFIELD</b>	State <b>RHODE ISLAND</b> Zip <b>02917</b>
4. The address of the <b>NEW</b> registered office is:	
Street Address (NOT a P.O. Box) <b>1947 OLD LOUISQUISSET PIKE</b>	
City/Town <b>LINCOLN</b>	State <b>RHODE ISLAND</b> Zip <b>02865</b>
5. Date when this Statement of Change of Registered 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 30 days from the date of filing) _____	
6. A copy of this Statement has been mailed to the corporation (applicable when agent records statement).	
<i>Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Registered Office, and that all statements contained herein are true and correct.</i>	
Name of the Registered Agent/Officer of the Corporation <b>JAMES J. CAMPBELL, JR.</b>	Date <i>April 20, 2024</i>
Signature of the Registered Agent/Officer of the Corporation <i>James J. Campbell Jr.</i>	

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

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