State of Rhode Island
Department of State - Business Services Division

Crimes Enforcement Network (FinCEN). Visit FinCEN.gov/boi for more information.

Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

—>Filing Fee: $20.00

2024 MAY 7 PM 12:29 RIDOS BSD

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 agent in the State of Rhode Island:

1. Entity ID Number	2. Exact Name of the Limited Liability Company
001724874	Roof Does LLC

3. The address of the resident office as **PRESENTLY** shown in the records on file with the RI Department of State:

Street Address
~~PO Box 40391~~ 42 Fisher st

City/Town	State	Zip
North Providence	**RHODE ISLAND**	~~02940~~ 02911

4. The name of the resident agent as **PRESENTLY** shown in the records on file with the RI Department of State:
Tohib A. Giwa

5. The address of the **NEW** resident office is:

Street Address (NOT a P.O. Box)
494 Woonasquatucket Ave. Apt. 303

City/Town	State	Zip
North Providence	**RHODE ISLAND**	02911

6. The name of the **NEW** resident agent is:
Zainab M. Giwa

7. Date when this Statement of Change of Resident Agent will be effective: **CHECK ONE BOX ONLY**

Date received (Upon filing)
X Later effective date (Date must be no more than 90 days from the date of filing) 5/4/2024

Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Resident Agent by the Limited Liability Company, and that all statements contained herein are true and correct.

Name of Authorized Person of the Limited Liability Company	Date
Morufdeen Giwa	5/4/2024

Signature of Authorized Person of the Limited Liability Company

FILED
MAY 07 2024
BY KCVRB 12:29

FORM 642 - Revised: 01/2024