



State of Rhode Island  
Department of State - Business Services Division

**Statement of Change of Agent**  
DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

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<br>001 721 043  |  | 2. Exact Name of the Limited Liability Company<br>Complete Concrete Cotting LLC |                 |
| 3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:  |  |   |                 |
| Street Address<br>47 Wood Ave suite 2   |  |   |                 |
| City/Town<br>Barrington   |  | State<br>RHODE ISLAND   | Zip<br>02806    |
| 4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State:<br>Registered Agents Inc   |  |   |                 |
| 5. The address of the NEW resident office is:   |  |   |                 |
| Street Address (NOT a P.O. Box)<br>2067 Mineral Springs Ave   |  |   |                 |
| City/Town<br>N. Prov  |  | State<br>RHODE ISLAND   | Zip<br>02911    |
| 6. The name of the NEW resident agent is:<br>Ronald DeThomas  |  |   |                 |
| 7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONE BOX ONLY   |  |   |                 |
| <input checked="" type="checkbox"/> Date received (Upon filing)   |  |   |                 |
| <input type="checkbox"/> Later effective date (Date must be no more than 90 days from the date of filing) _____   |  |   |                 |
| 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<br>Brian Cooper  |  |   | Date<br>5/16/24 |
| Signature of Authorized Person of the Limited Liability Company<br>   |  |   |                 |

**MAIL TO:**  
Division of Business Services  
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