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State of Rhode Island

**Department of State - Business Services Division** 

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

→ No Filing Fee

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 office <i>ONLY</i> in the State of Rhode Island:	
1 Entity ID Number 2. Exact Name of the Corporation	
00/662125 Benfect C	onstruction inc
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:	
Street Address 591 RATH bun St. Apt-1 Woonsoulat h. I 02895 City/Town State RHODE ISLAND Zip 120 895	
City/Town WOONSOCKet	State RHODE ISLAND Zip
4. The address of the NEW registered office is:	
Street Address (NOT a P.O. Box) 483 WOOd (AND ROAd	
City/Town WOOKS OCKET	State RHODE ISLAND Zip 07895
5. Date when this Statement of Change of Registered Office 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)	
6. A copy of this Statement has been mailed to the corporation (applicable when agent records statement).	
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.	
Name of the Registered Agent/Officer of the Corporation	Date
William Ledesma	5/20/24
Signature of the Registered Agent/Officer of the Corporation	
William Ledesma	

MAIL TO:

**Division of Business Services** 148 W. River Street, Providence, Rhode Island 02904-2615

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