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**Department of State - Business Services Division** 

## Statement of Change of Registered Office

**DOMESTIC or FOREIGN Business Corporation** 

 $\rightarrow$  No Filing Fee

1. Entity ID Number	2. Exact Name of the Corpo	2. Exact Name of the Corporation		
001665756	Baybrook Remodelers, Inc.			
3. The address of the regis	tered office as PRESENTLY sho	own in the records on file with t	he RI Department of State:	
Street Address One Rich	mond Square, Suite 125B			
City/Town Providence		State RHODE ISLAND	<sup>Zip</sup> 02906	
4. The address of the NEV	/ registered office is:	· -	<del></del>	
Street Address (NOT a P.O. Box	47 Wood Avenue, Suite	2		
City/Town Barrington		State RHODE ISLAND	<sup>Zip</sup> 02806	
5. Date when this Stateme	nt of Change of Registered Offic	e will be effective: CHECK ON	E BOX ONLY	
Date received (Upon Later effective date (	filing) Date must be no more than 30 da	ays from the date of filing)		
6. A copy of this Statemen	has been mailed to the corpora	tion (applicable when agent re-	cords statement).	
Under penalty of perjury, I all statements contained h		amined this Statement of Char	nge of Registered Office, and tha	
Name of the Registered Agent/Officer of the Corporation		Date		
Kenneth J. Carney			5-20-28	
Signature of the Registere	d Agent/Officer of the Corporation	un	1	

MAIL TO:

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

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

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