

RECOUNTS STAMP SECRETARY OF STATE USE ONLY

Statement of Change of Registered Office

DOMESTIC or FOREIGN Business Corporation

→ No Filing Fee

Pursuant to the provisions of R following statement for the purp			
1. Entity ID Number	2. Exact Name of the Corporation		
001668750	S K CONSTRUCTION, INC.		
3. The address of the register	ed office as PRESENTLY show	wn in the records on file with th	ne RI Department of State:
Street Address 431 DOUGI	LAS PIKE		
City/Town NORTH SMITHFIELD		State RHODE ISLAND	^{Zip} 02896
4. The address of the NEW re	egistered office is:		
Street Address (<u>NOT</u> a P.O. Box)	431 DOUGLAS PIKE		
City/Town NORTH SMITHFIELD		State RHODE ISLAND	^{Zıp} 02886
5. Date when this Statement	of Change of Registered Office	will be effective: CHECK ONI	BOX ONLY
Date received (Upon filin	ng) e must be no more than 30 day	ys from the date of filing)	
6. A copy of this Statement ha	as been mailed to the corporati	on (applicable when agent rec	ords statement).
Under penalty of perjury, I dea all statements contained here		mined this Statement of Chan	ge of Registered Office, and that
Name of the Registered Agent/Officer of the Corporation			Date
STANISLAW JAN KRUPA			12/30/2024
Signature of the Registered A	gent/Officer of the Corporation		

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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

