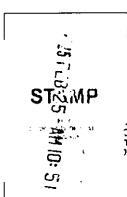


## **Statement of Change of Agent**

**DOMESTIC or FOREIGN Business Corporation** 

→ Filing Fee: \$20.00



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 agent in the State of Rhode Island:

ollowing statement for the p	dipose of changing to registered	agont in the oldto of theory	5.65.
1. Entity ID Number	2. Exact Name of the Corporation		
000091646	ELCO PAINTING INC.		
3. The address of the regis	tered office as PRESENTLY show	wn in the records on file with t	he RI Department of State:
Street Address 400 SOUT	H MAIN STREET		
City/Town PROVIDENCE		State RHODE ISLAND	<sup>Zip</sup> 02903
4. The name of the register	ed agent as PRESENTLY showr	n in the records on file with the	RI Department of State:
JOSEPH J. REALE JR	., ESQ.		
5. The address of the NEW			
Street Address (NOT a P.O. B	<sup>ox)</sup> 20 OAKDALE ROAD		
City/Town NORTH KINGSTOWN		State RHODE ISLAND	<sup>Zip</sup> 02852
6. The name of the NEW re	gistered agent is:		
JOHN J. KUPA, JR., E	SQUIRE		
7. Date when this Statemer	nt of Change of Registered Agen	t will be effective: CHECK ON	E BOX ONLY
✓ Date received (Upon f	iling)		
Later effective date (D	ate must be no more than 30 day	ys from the date of filing)	
	declare and affirm that I have exa atements contained herein are tru		nge of Registered Agent by the
Name of Authorized Officer of the Corporation			Date
STEVEN F. ELLIOTT, JR.			1/25/25
Signature of Authorized Off	ter 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

FILEDSTAMP

FFB 2 5 2025

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