



State of Rhode Island  
Department of State - Business Services Division

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SECRETARY OF STATE  
CORPORATIONS

2025 MAR -5 AM 10:55

## Statement of Change of Agent

DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$20.00

Pursuant to the provisions of RIGL 7-1.2-502 or 7-1.2-1409 the undersigned corporation submits the following statement for the purpose of changing its registered agent in the State of Rhode Island:

|                                                                                                                                                                                                     |                       |                                                                        |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------------------------------------------------------|--|
| 1. Entity ID Number<br>000125893                                                                                                                                                                    |                       | 2. Exact Name of the Corporation<br>BRASWELL'S PLUMBING & HEATING, INC |  |
| 3. The address of the registered office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:                                                                           |                       |                                                                        |  |
| Street Address ONE WORTHINGTON ROAD                                                                                                                                                                 |                       |                                                                        |  |
| City/Town<br>CRANSTON                                                                                                                                                                               | State<br>RHODE ISLAND | Zip<br>02920                                                           |  |
| 4. The name of the registered agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:<br>ANTHONY J CALIRI                                                           |                       |                                                                        |  |
| 5. The address of the <b>NEW</b> registered office is:                                                                                                                                              |                       |                                                                        |  |
| Street Address (NOT a P.O. Box) ONE WORTHINGTON ROAD                                                                                                                                                |                       |                                                                        |  |
| City/Town<br>CRANSTON                                                                                                                                                                               | State<br>RHODE ISLAND | Zip<br>02920                                                           |  |
| 6. The name of the <b>NEW</b> registered agent is:<br>RALPH J BARBIERI                                                                                                                              |                       |                                                                        |  |
| 7. Date when this Statement of Change of Registered Agent will be effective: <b>CHECK ONE BOX ONLY</b>                                                                                              |                       |                                                                        |  |
| <input checked="" type="checkbox"/> Date received (Upon filing)                                                                                                                                     |                       |                                                                        |  |
| <input type="checkbox"/> Later effective date (Date must be no more than 30 days from the date of filing) _____                                                                                     |                       |                                                                        |  |
| Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Registered Agent by the Corporation, and that all statements contained herein are true and correct. |                       |                                                                        |  |
| Name of Authorized Officer of the Corporation<br>BILLY D BRASWELL                                                                                                                                   |                       | Date<br>3-3-25                                                         |  |
| Signature of Authorized Officer of the Corporation<br><i>Billy D Braswell Pres</i>                                                                                                                  |                       |                                                                        |  |

### MAIL TO:

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