



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:<br>Street Address ONE WORTHINGTON ROAD                                                                                                                             |  |                                                                        |                |
| City/Town CRANSTON                                                                                                                                                                                                                                                                           |  | State RHODE ISLAND                                                     | Zip 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:<br>Street Address (NOT a P.O. Box) ONE WORTHINGTON ROAD                                                                                                                                                                               |  |                                                                        |                |
| City/Town CRANSTON                                                                                                                                                                                                                                                                           |  | State RHODE ISLAND                                                     | Zip 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><br><input checked="" type="checkbox"/> Date received (Upon filing)<br><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>✓ Billy D Braswell Pres                                                                                                                                                                                                                |  |                                                                        |                |

**MAIL TO:**

Division of Business Services

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