



**State of Rhode Island**  
**Department of State - Business Services Division**

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FOR  
 SECRETARY OF STATE  
 USE ONLY

# **Statement of Change of Registered Agent**

DOMESTIC or FOREIGN Partnership

→ Filing Fee: \$20.00

Pursuant to the provisions of RIGL 7-13.1-118 or 7-12.1-909 the undersigned partnership submits the following statement for the purpose of changing its registered agent in the State of Rhode Island:

1. Entity ID Number <b>000126420</b>		2. Exact Name of the Partnership <b>CAB Asphalt, LLC</b>	
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 <b>1305 Plainfield Street</b>			
City/Town <b>Johnston</b>	State <b>RHODE ISLAND</b>	Zip Code <b>02919</b>	
4. The name of the registered agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State: <b>Joel S. Chase, Esq.</b>			
5. The address of the <b>NEW</b> registered agent is:			
Street Address ( <b>NOT</b> a P.O. Box) <b>250C Centerville Road</b>			
City/Town <b>Warwick</b>	State <b>RHODE ISLAND</b>	Zip Code <b>02886</b>	
6. The name of the <b>NEW</b> registered agent is: <b>Robert D. Giudici</b>			
<i>Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Registered Agent by the Partnership, and that all statements contained herein are true and correct.</i>			
Name of a General Partner or Authorized Representative <b>Colleen DiRaimo</b>		Date <b>3/3/2025</b>	
Signature of General Partner or Authorized Representative <div style="text-align: right;">           DocuSigned by              Colleen DiRaimo         </div>			

FILED

MAR 07 2025 **STAMP**  
 BY **Ed E8w**  
**1057** **ES**  
 FOR  
 SECRETARY OF STATE  
 USE ONLY

**MAIL TO:**

**Division of Business Services**  
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