



Statement of Change of Agent

DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$20.00

		9 the undersigned corporation sured agent in the State of Rhode I		
1. Entity ID Number	2. Exact Name of the Corp	2. Exact Name of the Corporation		
000003814	Statewide Plumbing	Statewide Plumbing & Heating Co., Inc.		
		shown in the records on file with t	he RI Department of State:	
Street Address 331 Broa	dway			
City/Town Providence		State RHODE ISLAND	^{Zip} 02909	
4. The name of the registe	ered agent as PRESENTLY sho	own in the records on file with the	RI Department of State:	
Alfred A. Veltri, ESQ				
5. The address of the NE				
Street Address (<u>NOT</u> a P.O.	Box) 160 North View Avenu	16		
City/Town Cranston		State RHODE ISLAND	^{Zip} 02920	
6. The name of the NEW	registered agent is:			
Michael Moreira		• •		
7. Date when this Stateme	ent of Change of Registered Ag	ent will be effective: CHECK ON	E BOX ONLY	
✓ Date received (Upon	filing)	·		
Later effective date (Date must be no more than 30 o	days from the date of filing)		
	l declare and affirm that I have e statements contained herein are	examined this Statement of Char e true and correct.	nge of Registered Agent by the	
Name of Authorized Officer of the Corporation			Date	
Michael Moreira			3/7/2025	
Signature of Authorized O	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 FILED

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