

## QEC'D RIDOS 859 25 KGR 12 P#4:09:42

## **Statement of Change of Agent**

DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$20.00

Entity ID Number	2. Exact Name of the Corporation		
000110478	PRIME GENERAL CONTRACTING, INC.		
3. The address of the reg	istered office as PRESENTLY sho	own in the records on file with the	ne RI Department of State:
Street Address   WORTH	INGTON RD		
City/Town CRANSTON		State RHODE ISLAND	Zip 02920
4. The name of the regist	ered agent as PRESENTLY show	n in the records on file with the	RI Department of State:
ANTHONY J. CALIRI, CF	'A		
5. The address of the NE	W registered office is:		
Street Address (NOT a P.O.	Box) 450 Veterans Memorial Parkw	ay, Suite 7A	
City/Town East Providence		State RHODE ISLAND	Zip 02914
			Zip 02914
City/Town East Providence			Zip 02914
City/Town East Providence 6. The name of the NEW C T Corporation System		State RHODE ISLAND	02714
City/Town East Providence 6. The name of the NEW C T Corporation System	registered agent is: nent of Change of Registered Age	State RHODE ISLAND	02714
City/Town East Providence  6. The name of the NEW C T Corporation System  7. Date when this Statem X Date received (Upo	registered agent is: nent of Change of Registered Age	State RHODE ISLAND  of will be effective: CHECK ON	02714
City/Town East Providence  6. The name of the NEW C T Corporation System  7. Date when this Statem X Date received (Upo Later effective date  Under penalty of perjury,	registered agent is: nent of Change of Registered Age n filing)	State RHODE ISLAND  Int will be effective: CHECK ON  Bays from the date of filing)  Examined this Statement of Char	E BOX ONLY
City/Town East Providence 6. The name of the NEW C T Corporation System 7. Date when this Statem X Date received (Upo Later effective date Under penalty of perjury,	registered agent is: nent of Change of Registered Agen n filing) (Date must be no more than 30 da I declare and affirm that I have ex statements contained herein are t	State RHODE ISLAND  Int will be effective: CHECK ON  Bays from the date of filing)  Examined this Statement of Char	E BOX ONLY
City/Town East Providence  6. The name of the NEW C T Corporation System  7. Date when this Statem X Date received (Upo Later effective date  Under penalty of perjury, Corporation, and that all	registered agent is: nent of Change of Registered Agent filing) (Date must be no more than 30 date of the contained herein are the cer of the Corporation	State RHODE ISLAND  Int will be effective: CHECK ON  Bays from the date of filing)  Examined this Statement of Char	E BOX ONLY  age of Registered Agent by the

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov MAR 1 2 2025 By\_B8789