



State of Rhode Island  
Department of State - Business Services Division

## Statement of Change of *Office*

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: *No fee*

RECEIVED  
R.I. DEPT. OF STATE  
BUS. SVCS. DIV.  
2025 MAR 19 P 2:48

Pursuant to the provisions of RIGL 7-16-11 the undersigned limited liability company submits the following statement for the purpose of changing its resident agent in the State of Rhode Island:

1. Entity ID Number 001760025		2. Exact Name of the Limited Liability Company VIEIRA & SON'S MASONRY LLC	
3. The address of the resident office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:			
Street Address <i>85 BIRCHLAND AVE</i>			
City/Town <i>PAWTUCKET</i>		State <b>RHODE ISLAND</b>	Zip <i>02860</i>
4. The name of the resident agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State: CARLOS ALBERTO TOMAS VIEIRA			
5. The address of the <b>NEW</b> resident office is:			
Street Address ( <u>NOT</u> a P.O. Box) <i>255 SOUTH COUNTY STREET</i>			
City/Town <i>EAST PROVIDENCE</i>		State <b>RHODE ISLAND</b>	Zip <i>02914</i>
6. The name of the <b>NEW</b> resident agent is: CARLOS ALBERTO TOMAS VIEIRA			
7. Date when this Statement of Change of Resident 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 90 days from the date of filing) _____			
Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Resident Agent by the Limited Liability Company, and that all statements contained herein are true and correct.			
Name of Authorized Person of the Limited Liability Company CARLOS ALBERTO TOMAS VIEIRA			Date 03/05/2025
Signature of Authorized Person of the Limited Liability Company <i>[Signature]</i>			

RI DOS MADE EDITS PER FILER

### MAIL TO:

Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: [www.sos.ri.gov](http://www.sos.ri.gov)

FILED 2:50

STAMP  
MAR 19 2025

BY *[Signature]*



State of Rhode Island

**Department of State | Office of the Secretary of State**

**Gregg M. Amore**, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,  
  
hereby certify that this document, duly executed in accordance with the provisions  
  
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this  
  
office on this day:

March 19, 2025 02:50 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is written in a cursive style.

Gregg M. Amore  
*Secretary of State*

