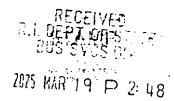


State of Rhode Island
Department of State - Business Services Division

Statement of Change of Office DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: NO fee



Pursuant to the provisions of F	PIGL 7-16-11 the undersigned	limited liability company submi	ts the
following statement for the pur	pose of changing its resident a	igent in the State of Rhode Isla	and:
1. Entity ID Number	2. Exact Name of the Limited Liability Company		
001760025	VIEIRA & SON'S MASONRY LLC		
3. The address of the residen	t office as PRESENTLY shown	in the records on file with the	RI Department of State:
Street Address 85 BIRCHLAND AVE			
City/Town PAWTUCKET		State RHODE ISLAND	zip 02860
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State:			
CARLOS ALBERTO TOMAS VIEIRA			
5. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 255 SOUTH COUNTY STREET			
City/Town EAST PROVIDENCE		State RHODE ISLAND	^{Zip} 02914
6. The name of the NEW resident agent is:			
CARLOS ALBERTO TOMAS VIEIRA			
7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONE BOX ONLY			
✓ Date received (Upon filing)			
Later effective date (Date must be no more than 90 days from the date of filing)			
Under penalty of penury, I dec	clare and affirm that I have exa d that all statements contained	mined this Statement of Chan	ge of Resident Agent by the
Name of Authorized Person of the Limited Liability Company			Date
CARLOS ALBERTO TOMAS VIEIRA			03/05/2025
Signature of Authorized Person of the Limited Liability Company			
*			

RI DOS MADE EDITS PER FILER

FILED 2:50

STA55₽ MAR 19 2025

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov OBY BYDYTVM