



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*

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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 PRESENTLY 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 RHODE ISLAND	Zip <i>02860</i>
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 (<u>NOT</u> a P.O. Box) <i>255 SOUTH COUNTY STREET</i>			
City/Town <i>EAST PROVIDENCE</i>		State RHODE ISLAND	Zip <i>02914</i>
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			
<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

FILED 2:50

STAMP
MAR 19 2025

[Signature]

BY *[Signature]*

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