



State of Rhode Island
Department of State - Business Services Division

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SECRETARY OF STATE
CORPORATIONS

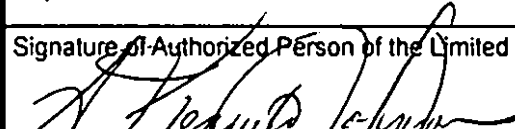
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Statement of Change of Agent
DOMESTIC or FOREIGN Limited Liability Company

STAMP

⇒ Filing Fee: \$20.00

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 000140388		2. Exact Name of the Limited Liability Company KWH ELECTRICAL CONTRACTING LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 1130 TEN ROD RD SUITE 302A			
City/Town NORTH KINGSTOWN		State RHODE ISLAND	Zip 02852
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: PAUL A. WALSH JR.			
5. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 125 ALSTON FARM RD			
City/Town EXETER		State RHODE ISLAND	Zip 02822
6. The name of the NEW resident agent is: A. KENNETH JOHNSON			
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)			
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 A KENNETH JOHNSON			Date 3-2-25
Signature of Authorized Person of the Limited Liability Company 			

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 10:43

MAR 06 2025

BY **47PFC**
