

Statement of Change of Agent
DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$20.00

Pursuant to the provisions of F following statement for the pur	RIGL <u>7-1.2-502</u> or <u>7-1.2-1409</u> to pose of changing its registered	he undersigned corporation su I agent in the State of Rhode I	Ibmits the stand:
1. Entity ID Number	2. Exact Name of the Corporation		
001659017	S H CONCRETE WORKS INC		
3. The address of the register	red office as PRESENTLY sho	wn in the records on file with the	he RI Department of State:
Street Address 2332 POST	ROAD		
City/Town WARWICK		State RHODE ISLAND	<sup>Zip</sup> 02886
4. The name of the registered JEANNE MUTO KYLE	agent as PRESENTLY shown	in the records on file with the	RI Department of State:
5. The address of the NEW registered office is:			
Street Address (NOT a P.O. Box) 135H SHARPE STREET			
City/Town WEST GREENWICH		State RHODE ISLAND	<sup>Zip</sup> 02817
6. The name of the NEW registered agent is: ROXANNE HARRINGTON			
7. Date when this Statement of Change of Registered Agent will be effective: CHECK ONE BOX ONLY			
✓ Date received (Upon filling)			
Later effective date (Date must be no more than 30 days from the date of filing)			
Under penalty of perjury, I dec Corporation, and that all state	clare and affirm that I have exe ments contained herein are tru	mined this Statement of Change and correct.	ge of Registered Agent by the
Name of Authorized Officer of the Corporation			Date
ROXANNE HARRINGTON			03/20/2025
Signature of Authorized Officer of the Corporation			

MAJL TO:

**Division of Business Services** 148 W. River Street, Providence, Rhode Island 02904-2615

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

FORM 640 - Revised: 01/2024