



State of Rhode Island
Department of State - Business Services Division

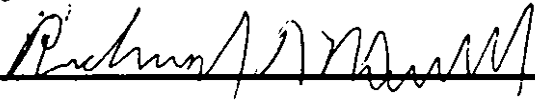
REC'D R1005 ASD
25 APR 23 PM 3:19:02
MP
FOR
SECRETARY OF STATE
USE ONLY

Statement of Change of Office

DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

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 office **ONLY** in the State of Rhode Island:

1. Entity ID Number 1769170		2. Exact Name of the Limited Liability Company R M PAINTING AND GUTTERS LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 263 LEXINGTON AVE			
City/Town NORTH PROVIDENCE	State RHODE ISLAND	Zip 02904	
4. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 17 FREDERICK STREET			
City/Town NORTH PROVIDENCE	State RHODE ISLAND	Zip 02904	
5. Date when this Statement of Change of Resident Office 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 perjury, I declare and affirm that I have examined this Statement of Change of Resident Office by the Limited Liability Company, and that all statements contained herein are true and correct.			
Name of Authorized Person of the Limited Liability Company RICHARD A MORRELL		Date 4/23/2025	
Signature of Authorized Person of the Limited Liability Company 			

FILED

APR 23 2025
BY AA 3:19 pm MSP
FOR
SECRETARY OF STATE
USE ONLY

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