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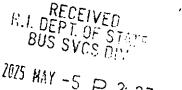


State of Rhode Island Department of State - Business Services Division

Statement of Change of Office

DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee



STAMP

Pursuant to the provisions of RIGL <u>7-16-11</u> the undersigned limited liability company submits the following statement for the purpose of changing its resident office **ONLY** in the State of Rhode Island:

Entity ID Number	2. Exact Name of the Limited Liability Company		
001685858	COASTAL CONSTRUCTION AND MILLWORK LLC		
3. The address of the resider	nt office as PRESENTLY shown	in the records on file with the	RI Department of State:
Street Address 515 METAC	OM AVENUE		
City/Town BRISTOL		State RHODE ISLAND	^{Zip} 02809
4. The address of the NEW re			
Street Address (NOT a P.O. Box) 3 SHANNON COURT UNIT 309			
City/Town BRISTOL		State RHODE ISLAND	^{Zip} 02809
5. Date when this Statement	of Change of Resident Office w	vill 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)			
	clare and affirm that I have exa nd that all statements contained		ge of Resident Office by the
Name of Authorized Person of the Limited Liability Company		1	Date
JOSHUA CORDEIRO			4/24/25
Signature of Authorized Pers	on of the Limited Liability Comp	pany	

MAIL TO:

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

Phone: (401) 222-3040 Website: www.sos.ri.gov MAY 0 5 2025

BY 1260

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I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this
office on this day:

May 05, 2025 02:27 PM

Gregg M. Amore Secretary of State

Treg M. Coure

