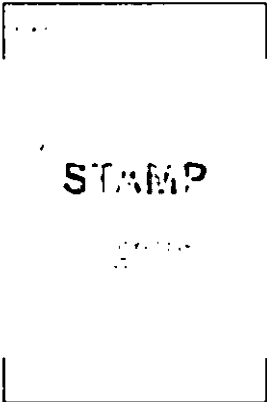




State of Rhode Island
Department of State - Business Services Division

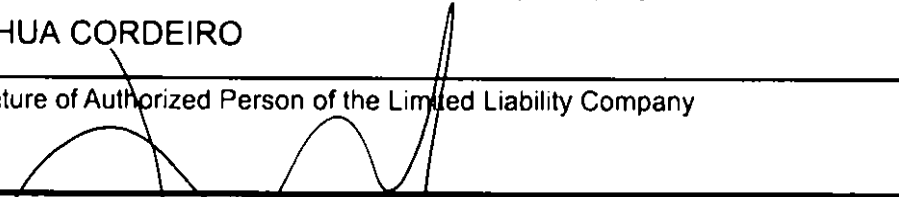


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R.I. DEPT. OF STATE
BUS SVCS DIV.
2025 MAY -5 P 2:27

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 001685858		2. Exact Name of the Limited Liability Company COASTAL CONSTRUCTION AND MILLWORK LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 515 METACOM AVENUE			
City/Town BRISTOL	State RHODE ISLAND	Zip 02809	
4. The address of the NEW resident office is:			
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 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) _____			
<i>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.</i>			
Name of Authorized Person of the Limited Liability Company JOSHUA CORDEIRO		Date 4/24/25	
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
STAMP
MAY 05 2025
BY 1280
EG