



State of Rhode Island
Department of State - Business Services Division

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:

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RI DEPT. OF STATE
BUS SVCS DIV.

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1. Entity ID Number 001674332		2. Exact Name of the Limited Liability Company SKYVIEW EXTERIORS & REMODELING LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 25 Violet St. Unit 2			
City/Town PROVIDENCE		State RHODE ISLAND	Zip 02908
4. The address of the NEW resident office is:			
Street Address (<u>NOT</u> a P.O. Box) 9 Red Wing St.			
City/Town PROVIDENCE		State RHODE ISLAND	Zip 02907
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 Edwin Leonardo			Date 5/16/25
Signature of Authorized Person of the Limited Liability Company Edwin Leonardo			

RI DOS MADE EDITS PER FILER

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

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BY

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