RI SOS Filing Number: 202573314340 Date: 5/19/2025 2:40:00 PM

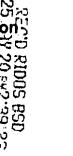
State of Rhode Island

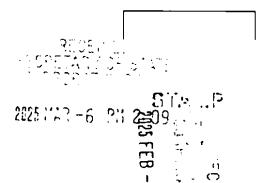
Department of State - Business Services Division 5

Statement of Change of Agent

DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$20.00





Pursuant to the provisions of RIGL <u>7-1.2-502</u> or <u>7-1.2-1409</u> the undersigned corporation submits the following statement for the purpose of changing its registered agent in the State of Rhode Island:

	p				
1. Entity ID Number	2. Exact Name of the Corpora		= '': ''		
001683946	Shine Construction Ir		မ္		
3. The address of the registe	red office as PRESENTLY show	wn in the records on file with th	ne RI Departm	ent of State:	
Street Address					
City/Town		State RHODE ISLAND	Zip		
4. The name of the registered	d agent as PRESENTLY shown	n in the records on file with the	RI Departmen	it of State:	
5. The address of the NEW registered office is:					
Street Address (NOT a P.O. Box) 47 Wood Ave Suite 2					
City/Town Barrington		State RHODE ISLAND	Zip 02806	8.C.	
6. The name of the NEW reg	istered agent is:		.4 2	S P C	
Northwest Registered Agent LLC				2000 2000 2000 2000 2000 2000 2000 200	
7. Date when this Statement of Change of Registered Agent will be effective: CHECK ONE BOX ONLY					
✓ Date received (Upon filing)				1	
Later effective date (Date must be no more than 30 days from the date of filing)				<u> </u>	
	clare and affirm that I have exa ements contained herein are to		ge of Register	ed Agent by the	
Name of Authorized Officer of the Corporation			Date	-	
Manuel J Cunin				5	
Signature of Authorized Offic	er of the Corporation		~		
Pranuel J 6	Minus (Minus		1975	; <u>'</u>	
			XX	の日	

MAIL TO:

Division of Business Services

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

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

