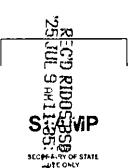
RI SOS Filing Number: 202576747000 Date: 7/9/2025 11:36:00 AM



State of Rhode Island Department of State - Business Services Division



Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

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 agent in the State of Rhode Island:			
1. Entity ID Number	2. Exact Name of the Limited Liability Company		
270299749	D.R. Stonework And Landscape LLC		
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 45 Ferris Ave			
City/Town Rumford		State RHODE ISLAND	^{Zip} 02916
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State:			
Amanda Rotondi			
5. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 700 NARRAGANSETT PARK DR STE 100			
City/Town PAWTUCKET		RHODE ISLAND	^{Zip} 02861
6. The name of the NEW resident agent is:			
Rhode Island Registered Agent LLC			
7. Date when this Statement of Change of Resident Agent 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 Agent by the Limited Liability Company, and that all statements contained herein are true and correct.			
Name of Authorized Person o	f the Limited Liability Company	,	Date
Daniel Rotondi			7-8-25
Signature of Authorized Person of the Limited Liability Company			
DR			

MAIL TO:

Division of Business Services

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

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

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