



State of Rhode Island  
Department of State - Business Services Division

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FOR  
SECRETARY OF STATE  
USE ONLY

## Statement of Change of Registered Office

DOMESTIC or FOREIGN Business Corporation

→ No Filing Fee

Pursuant to the provisions of RIGL 7-1.2-502 or 7-1.2-1409 the undersigned corporation submits the following statement for the purpose of changing its registered office **ONLY** in the State of Rhode Island:

|                                                                                                                                                                                    |  |                                                          |                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------|--------------------|
| 1. Entity ID Number<br>001660394                                                                                                                                                   |  | 2. Exact Name of the Corporation<br>CR CONSTRUCTION, INC |                    |
| 3. The address of the registered office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:                                                          |  |                                                          |                    |
| Street Address 83 READ AVENUE                                                                                                                                                      |  |                                                          |                    |
| City/Town LINCOLN                                                                                                                                                                  |  | State RHODE ISLAND                                       | Zip 02865          |
| 4. The address of the <b>NEW</b> registered office is:                                                                                                                             |  |                                                          |                    |
| Street Address (NOT a P.O. Box) 4 DESOTO WAY                                                                                                                                       |  |                                                          |                    |
| City/Town LINCOLN                                                                                                                                                                  |  | State RHODE ISLAND                                       | Zip 02838          |
| 5. Date when this Statement of Change of Registered Office will be effective: <b>CHECK ONE BOX ONLY</b>                                                                            |  |                                                          |                    |
| <input checked="" type="checkbox"/> Date received (Upon filing)<br><input type="checkbox"/> Later effective date (Date must be no more than 30 days from the date of filing) _____ |  |                                                          |                    |
| 6. A copy of this Statement has been mailed to the corporation (applicable when agent records statement).                                                                          |  |                                                          |                    |
| Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Registered Office, and that all statements contained herein are true and correct.  |  |                                                          |                    |
| Name of the Registered Agent/Officer of the Corporation<br><i>Carlos Boldan</i>                                                                                                    |  |                                                          | Date<br>08/01/2025 |
| Signature of the Registered Agent/Officer of the Corporation<br><i>Carlos Boldan</i>                                                                                               |  |                                                          |                    |

### MAIL TO:

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