



State of Rhode Island  
Department of State - Business Services Division

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FOR SECRETARY OF STATE  
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### 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>000225276                                                                                                                                                  |                       | 2. Exact Name of the Corporation<br>CILLINO MASONRY, 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 Two Elm Street                                                                                                                                                     |                       |                                                           |                     |
| City/Town<br>Westerly                                                                                                                                                             | State<br>RHODE ISLAND | Zip<br>02891                                              |                     |
| 4. The address of the <b>NEW</b> registered office is:                                                                                                                            |                       |                                                           |                     |
| Street Address (NOT a P.O. Box) 131 B Franklin Street                                                                                                                             |                       |                                                           |                     |
| City/Town<br>Westerly                                                                                                                                                             | State<br>RHODE ISLAND | Zip<br>02891                                              |                     |
| 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)                                                                                                                   |                       |                                                           |                     |
| <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>Charles Solovetzik, Esq.                                                                                               |                       |                                                           | Date<br>OCT 08 2025 |
| Signature of the Registered Agent/Officer of the Corporation<br>                                                                                                                  |                       |                                                           |                     |

#### 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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