RI SOS Filing Number: 201985361500 Date: 1/28/2019 3:08:00 PM



FORM 645 - Revised: -04/2018--

Statement of Change of Agent
DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$20.00

1. Entity ID Number	urpose of changing its registered agent in the State of Rhode Island: 2. Exact Name of the Corporation		
4687	CONLEY CASTING SUPPLY CORP.		
3. The address of the reg	istered office as PRESENTLY show	wn in the records on file with t	he RI Department of State:
Street Address 1445 WAR	MPANOAG TRAIL, SUITE 115		
City/Town EAST PROVIDENCE		State RHODE ISLAND	Zip 02915
4. The name of the regist	ered agent as PRESENTLY shown	in the records on file with the	RI Department of State:
DANA H. GAEBE, ESQ.			
5. The address of the NE			
Street Address (NOT a P.O.	Box) 1445 WAMPANOAG TRAIL,	SUITE 101	
City/Town EAST PROVIDENCE		State RHODE ISLAND	Zip 02915
6. The name of the NEW	registered agent is:		<u> </u>
ALLISON ROCK, ESQ.			
7. Date when this Statem	ent of Change of Registered Agent	t will be effective. CHECK ON	E BOX ONLY
Date received (Upor	3,		
Later effective date	(Date must be no more than 30 day	ys from the date of filing)	
Under penalty of perjury, Corporation, and that all	I declare and affirm that I have exa statements contained herein are tru	nmined this Statement of Char ue and correct.	nge of Registered Agent by the
Name of Authorized Officer of the Corporation			Date
ARTHUR T. FRANCIS, PRESIDENT			JANUARY 16, 2019
Signature of Authorized	Officer of the Corporation		
MMI	ZMMW COCO	CMONT PERG	
MATE	My M. R. Des	CM: NF MERG	
MATE	ZMMW 2000	CM: NF MERG	
MAT	ZMMW 2000		
MAIL TO:	Monro	FILE	
MAIL TO: Division of Business Service 48 W. River Street, Provider	Monro		
MAIL TO: Division of Business Service	es	FILE	_ 2019