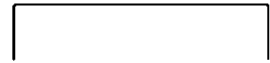




State of Rhode Island  
**Department of State - Business Services Division**



**Statement of Change of Office**  
 DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

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 2021 MAR 17 AM 8:59  
 DEPARTMENT OF STATE  
 BUSINESS SERVICES DIVISION

Pursuant to the provisions of RIGL 7-16-11 the undersigned limited liability company submits the following statement for the purpose of changing its resident office **ONLY** in the State of Rhode

1. Entity ID Number 4687	2. Exact Name of the Limited Liability Company CONLEY CASTING SUPPLY CORP.
3. The address of the resident office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:	
Street Address 1445 WAMPANOAG TRAIL, SUITE 101	
City/Town EAST PROVIDENCE	State <b>RHODE ISLAND</b> Zip 02915
4. The address of the <b>NEW</b> resident office is:	
Street Address ( <u>NOT</u> a P.O. Box) 1445 WAMPANOAG TRAIL, SUITE 115	
City/Town EAST PROVIDENCE	State <b>RHODE ISLAND</b> Zip 02915
5. Date when this Statement of Change of Resident 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 90 days from the date of filing) _____	
<i>Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Resident Office by the Limited Liability Company, and that all statements contained herein are true and correct.</i>	
Name of Authorized Person of the Limited Liability Company ARTHUR T. FRANCIS, PRESIDENT	Date 3/18/21
Signature of Authorized Person of the Limited Liability Company 	

**MAIL TO:**  
 Division of Business Services  
 148 W River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

**FILED<sup>M</sup>**  
**STAMP**  
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