



State of Rhode Island
 Department of State - Business Services Division

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 R.I. DEPT. OF STATE
 BUS SVCS DIV

2023 NOV 30 P 12:20

Statement of Change of Agent
 DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$20.00

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 agent in the State of Rhode Island:

1. Entity ID Number <i>4687</i>		2. Exact Name of the Corporation <i>Conley Casting Supply Corp.</i>	
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address <i>1445 Wampanoag Trail Suite 115</i>			
City/Town <i>East Providence</i>		State RHODE ISLAND	Zip <i>02915</i>
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State: <i>Allison Rock, Esq.</i>			
5. The address of the NEW registered office is:			
Street Address (NOT a P.O. Box) <i>124 Maple Street</i>			
City/Town <i>Warwick</i>		State RHODE ISLAND	Zip <i>02888</i>
6. The name of the NEW registered agent is: <i>Elizabeth Conley Francis</i>			
7. Date when this Statement of Change of Registered Agent will be effective: CHECK ONE BOX ONLY			
<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) _____			
Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Registered Agent by the Corporation, and that all statements contained herein are true and correct.			
Name of Authorized Officer of the Corporation <i>Elizabeth Conley Francis</i>			Date <i>11-30-23</i>
Signature of Authorized Officer of the Corporation <i>Elizabeth Conley Francis</i>			

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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 BY *OKH81*