RI SOS Filing Number: 201740132730 Date: 4/6/2017 11:04:00 AM

| State of Rhode Island and Providence Plantations  Department of State - Business Services Division |  |   |                                   |
|--|--|---|-----------------------------------|
|  | e of Registered Offic  |   | R.I. DE<br>BUS<br>2017 APR        |
| → No Filing Fee  | - Lacinos Corporation  | . (.  | PA SE                             |
| , <b>.</b>   | 7-16-11  |   | 6 2.7                             |
| Pursuant to the provisions of F following statement for the pur                                    | RIGL <u>7-1.2-502</u> or <u>7-1.2-1409</u> the pose of changing its registered | he undersigned corporation su<br>I agent in the State of Rhode Is | bmits the sland:                  |
| Entity ID Number   | 2. Exact Name of the Gorporation [[C Print]                                    |   |                                   |
| 1340374  | Cottage Street Industries, LLC   |   |                                   |
| 3. The address of the register   | red office as PRESENTLY show   | wn in the records on file with th                                 | ne RI Department of State:        |
| Street Address 1 Ship Street   |  |   |                                   |
| City/Town Providence   |  | State RHODE ISLAND  | Zip <b>02903</b>                  |
| 4. The address of the NEW re   |  |   |                                   |
| Street Address ( <u>NOT</u> a P.O. Box)  | 116 Orange Street  |   |                                   |
| City/Town Providence   |  | State RHODE ISLAND  | <sup>Zip</sup> <b>02903</b>       |
| 5. Date when this Statement  | of Change of Registered Agent  | will be effective: CHECK ONL                                      | Y ONE BOX                         |
| ✓ Date received (Upon filin  Later effective date (Date  | ng)<br>e must be no more than 90 day   | s from the day of filing)   |                                   |
| 6. A copy of this Statement ha   | s been mailed to the corporation   | on (applicable when agent rec                                     | ords statement).                  |
|  | clare and affirm that I have exa   |   | ge of Registered Office, and that |
| Name of the Registered Agent/Officer of the Corporation \( ( C                                     |  |   | Date                              |
| Stephen M. Litwin, Esquire   |  |   |                                   |
| Signature of the Registered A  | gent/Officer of the Corporation  |   |                                   |
|  | د به د سد  | ,   |                                   |

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov APR 6 2017

BY 4 1:54

FILED

RI SOS Filing Number: 201740132730 Date: 4/6/2017 11:04:00 AM



I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

April 06, 2017 11:04 AM

Nellie M. Gorbea
Secretary of State

Tullin U. Soler

