



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 R.I. DEPT. OF STATE
 BUS. SVCS. DIV.

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 000019537		2. Exact Name of the Corporation RHODE ISLAND SEPTIC SERVICES, INC.	
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 7630 POST ROAD			
City/Town NORTH KINGSTOWN		State RHODE ISLAND	Zip 02852
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State: DONALD M. GREGORY II, ESQUIRE			
5. The address of the NEW registered office is: Street Address (<u>NOT</u> a P.O. Box) 20 OAKDALE ROAD			
City/Town NORTH KINGSTOWN		State RHODE ISLAND	Zip 02852
6. The name of the NEW registered agent is: JOHN J. KUPA, JR., ESQUIRE			
7. Date when this Statement of Change of Registered Agent will be effective: CHECK ONLY ONE BOX <input checked="" type="checkbox"/> Date received (Upon filing) <input type="checkbox"/> Later effective date (Date must be no more than 90 days from the day 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 MICHAEL SLINEY, PRESIDENT			Date 4-20-17
Signature of Authorized Officer of the Corporation  <div style="text-align: right;">SIGN DOCUMENT HERE</div>			

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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