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

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:

2017 MAY 25 RECEIVED STATE SVCS DIV

1. Entity ID Number	2. Exact Name of the Corporation
000015737	**PAWTUCKET MILL SUPPLY CO.**

3. The address of the registered office as **PRESENTLY** shown in the records on file with the RI Department of State:

Street Address ~~21 SABIN STREET~~ 519 Mendon Rd PO Box 8000

City/Town	State	Zip
~~PAWTUCKET~~ Cumberland	**RHODE ISLAND**	~~02860~~ 02864

4. The name of the registered agent as **PRESENTLY** shown in the records on file with the RI Department of State:

GARY R. ALGER, ESQ.

5. The address of the **NEW** registered office is:

Street Address (NOT a P.O. Box) **2013 PLAINFIELD PIKE**

City/Town	State	Zip
JOHNSTON	**RHODE ISLAND**	**02919**

6. The name of the **NEW** registered agent is:

HAGOP S. JAWHARJIAN, ESQ.

7. Date when this Statement of Change of Registered Agent will be effective: CHECK ONLY ONE BOX

☑ Date received (Upon filing)

☐ 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	Date
KENNETH T. DURN	5/8/2017

Signature of Authorized Officer of the Corporation: Kenneth T. Durn

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
MAY 25 2017 10:45
BY 304508

FORM 640 - Revised: 01/2017