

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 <u>7-1.2-502</u> or <u>7-1.2-1409</u> the undersigned corporation submits the following statement for the purpose of changing its registered agent in the State of Rhode Island:

SECRETARY OF STATE CORPORATIONS DIV

	2. Funct Name of the Corner		Jidiid.
1. Entity ID Number	2. Exact Name of the Corporation		
1640580	£ _ C&	1 Trucking In	
3. The address of the reg	istered office as PRESENTLY sho	wn in the records on file with t	he RI Department of State:
Street Address 25 Lyn	dhusst Ave Provi		
25 Lyndhusst Ave Provi City/Town Providence		State RHODE ISLAND	02/00
4. The name of the registe	ered agent as PRESENTLY showr	n in the records on file with the	RI Department of State:
	Allard Esq		
5. The address of the NE			
Street Address (NOT a P.O.	·		
103 Brown			
City/Town Pautucke	4	State RHODE ISLAND	Zip 02860
6. The name of the NEW	registered agent is:		
Riaclson	C. Coutinho		
7. Date when this Statem	ent of Change of Registered Agen	t will be effective: CHECK ON	LY ONE BOX
Date received (Upor	ı filing)		
Later effective date ((Date must be no more than 90 da	ys from the day of filing)	
	I declare and affirm that I have exa statements contained herein are tr		nge of Registered Agent by the
Name of Authorized Officer of the Corporation			Date
Rigelson Coutinhal Signature of Authorized Officer of the Corporation			12/4/14
Signature of Authorized C	Officer of the Corporation		
		UMENT HERE	

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 DEC 07 2017 2017 DON 1662

FORM 640 - Revised: 07/2016