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## Statement of Change of Registered Office

→ No Filing Fee

**DOMESTIC or FOREIGN Business Corporation** 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 office ONLY in the State of Rhode Island:

Entity ID Number	2. Exact Name of the Corporation		
000791659	PAWTUCKET A	utomotive, In	<i>'C</i> ,
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 626 MAIN ST			
City/Town		State RHODE ISLAND	Zip 02860
4. The address of the NEW registered office is:			
Street Address (NOT a P.O. Box) 262 BROADWAY			
City/Town PAWTUCKET		State RHODE ISLAND	Zip 02860
5. Date when this Statement of Change of Registered Office will be effective: CHECK ONE BOX ONLY			
Date received (Upon filing)			
Later effective date (Date must be no more than 90 days from the date of filing)			
6. A copy of this Statement has been mailed to the corporation (applicable when agent records statement).			
Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Registered Office, and that all statements contained herein are true and correct.			
Name of the Registered Agen	t/Officer of the Corporation		Date / /
Domenic S. Coccia Jr.			1/25/18
Signature of the Registered Agent/Officer of the Corporation			
Domenic S. CoocidENIJRE			

MAIL TO:

**Division of Business Services** 

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

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

JAN 2 5 2018