



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

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 SECRETARY OF STATE
 DEPARTMENT OF STATE
 2018 MAR 26 PM 2:19

Statement of Change of Agent
 DOMESTIC or FOREIGN Limited Liability Company
 → Filing Fee: \$20.00

Pursuant to the provisions of RIGL 7-16-11 the undersigned limited liability company submits the following statement for the purpose of changing its resident agent in the State of Rhode Island:

1. Entity ID Number 525713	2. Exact Name of the Limited Liability Company NATCO ENTERPRISES, LLC
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 380 Broadway	
City/Town Providence	State RHODE ISLAND
Zip 02903	
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: Bevittacqua S. Bevittacqua LLC.	
5. The address of the NEW resident office is: Street Address (NOT a P.O. Box) 46 Langdon Street	
City/Town Providence	State RHODE ISLAND
Zip 02904	
6. The name of the NEW resident agent is: Gaetano Natale	
7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONE BOX ONLY	
<input checked="" type="checkbox"/> Date received (Upon filing) <input type="checkbox"/> Later effective date (Date must be no more than 30 days from the date of filing) _____	
Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Resident Agent by the Limited Liability Company, and that all statements contained herein are true and correct.	
Name of Authorized Person of the Limited Liability Company William T. Carlini Jr., Esq.	Date 3/26/18
Signature of Authorized Person of the Limited Liability Company  SIGN DOCUMENT 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

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BY  327315
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