

Statement of Change of Agent DOMESTIC or FOREIGN Business Corporation

OFFICE CC.

→ 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:

1. Entity ID Number	ID Number 2. Exact Name of the Corporation		
36329	LISE MOTORS, INC.		
3. The address of the registe	ered office as PRESENTLY show	vn in the records on file with the	ne RI Department of State:
Street Address 45 FOUNDRY			
City/Town WONSOCKET		State RHODE ISLAND	^{Zip} 02895
4. The name of the registere	ed agent as PRESENTLY shown	in the records on file with the	RI Department of State:
DAVID B. HEALEY			
5. The address of the NEW	registered office is:		
Street Address (NOT a P.O. Bo	^{x)} 45 FOUNDRY ST		
City/Town WOONSOCKET		State RHODE ISLAND	Zip 02895
6. The name of the NEW re	gistered agent is:		
KEVIN P. TOUPIN			
7. Date when this Statemen	t of Change of Registered Agent	will be effective: CHECK ON	E BOX ONLY
✓ Date received (Upon filing)			
Later effective date (Date must be no more than 90 days from the date of filing)			
	eclare and affirm that I have exa tements contained herein are tru		ge of Registered Agent by the
Name of Authorized Officer of the Corporation			Date
KEVIN P. TOUPIN			02-22-18
Signature of Authorized Office	cer of the Corporation	<i>N</i> -	N.
	9900 4918	JMENT HEPTE	KZ

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.rl.gov **FILED**

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