Statement of Change of Agent DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$20.00

STAMP

	of RIGL <u>7-1.2-502</u> or <u>7-1.2-1409</u> th purpose of changing its registered			
1. Entity ID Number		2. Exact Name of the Corporation		
509799	Coia Sanitation, LLC			
3. The address of the regis	stered office as PRESENTLY show	wn in the records on file with t	he RI Department of State:	
Street Address 1168 Newp	ort Ave.			
City/Town Pawtucket		State RHODE ISLAND	Zip 02861	
4. The name of the registe	red agent as PRESENTLY shown	in the records on file with the	RI Department of State:	
Daniel V. McKinnon				
5. The address of the NEV			•	
Street Address (NOT a P.O. E	^{3ox)} 1168 Newport Ave.			
City/Town Pawtucket		State RHODE ISLAND	^{Zip} 02861	
6. The name of the NEW r	egistered agent is:		•	
John B. Harwood				
7. Date when this Stateme	nt of Change of Registered Agent	will be effective: CHECK ON	E BOX ONLY	
✓ Date received (Upon	filing)			
Later effective date (I	Date must be no more than 30 day	ys from the date of filing)		
Under penalty of perjury, I Corporation, and that all s	declare and affirm that I have exa latements contained herein are tru	mined this Statement of Char ue and correct	nge of Registered Agent by the	
Name of Authorized Office	r of the Corporation		Date ///	
Robert Coia			10/6/19	
Signature of Authorized Of	ficer of the Corporation	HMENT 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 STAMP

FORM 640 - Revised 04/2018