



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

RECEIVED  
 DEPARTMENT OF STATE  
 CORPORATIONS DIV  
 2019 DEC 11 PM 12:05

**Articles of Amendment**  
 DOMESTIC Business Corporation

→ Filing Fee: \$50.00 (\$210 for an increase in authorized shares)

Pursuant to the provisions of RIGL 7-1.2-905, the undersigned corporation adopts the following Articles of Amendment to its Articles of Incorporation:

1. Entity ID Number: <b>000104074</b>	2. The name of the corporation is: <b>Cumberland Towing &amp; Service, Inc.</b>												
3. The shareholders of the corporation (or, where no shares have been issued by the board of directors of the corporation) in the manner prescribed by RIGL <u>7-1.2</u> adopted the following amendment(s) to the Articles of Incorporation on:													
4. If the entity's name is changing, state the new name: <b>Cumberland Towing &amp; Service, Inc.</b>													
Check the box to indicate no change <input type="checkbox"/>													
5. If the total authorized shares are changing complete the following section: <i>*List ALL authorized shares as of this amendment.</i>													
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;"><i><b>Total Authorized Shares (Number of Shares)</b></i></th> <th style="text-align: left; border-bottom: 1px solid black;"><i><b>Class of Stock</b></i></th> <th style="text-align: left; border-bottom: 1px solid black;"><i><b>Par Value Per Share</b></i></th> </tr> </thead> <tbody> <tr> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> </tr> <tr> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> </tr> <tr> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> </tr> </tbody> </table>	<i><b>Total Authorized Shares (Number of Shares)</b></i>	<i><b>Class of Stock</b></i>	<i><b>Par Value Per Share</b></i>										Check the box to indicate no change <input checked="" type="checkbox"/>
<i><b>Total Authorized Shares (Number of Shares)</b></i>	<i><b>Class of Stock</b></i>	<i><b>Par Value Per Share</b></i>											
6. If the period of its duration is changing complete the following section: <b>CHECK ONE BOX ONLY</b>													
<input type="checkbox"/> Perpetual (on-going)													
<input type="checkbox"/> Date certain for dissolution _____													
Check the box to indicate no change <input checked="" type="checkbox"/>													
7. If the entity's purpose is changing complete the following section: <i>*The new purpose should include ALL activity to be transacted in the State of Rhode Island.</i>													
Check the box to indicate an attachment <input type="checkbox"/>													
Check the box to indicate no change <input checked="" type="checkbox"/>													

**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 11 2019**  
 KL NXQE5  
 12:05

**STAMP**  
 [Faint stamp text]

8. If adding or amending additional provisions, complete the following section:

Check the box to indicate an attachment  Check the box to indicate no change

9. As required by RIGL 7-1.2-105, the entity has paid all fees and taxes.

10. Date when these Articles of Amendment 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) \_\_\_\_\_

*Under penalty of perjury, I declare and affirm that I have examined these Articles of Amendment, including any accompanying attachments, and that all statements contained herein are true and correct.*

Type or Print Name of Authorized Officer of the Corporation	Date
<i>Charles Lombardi, Jr.</i>	<i>12/9/19</i>

Signature of Authorized Officer of the Corporation

*[Handwritten Signature]* SIGN DOCUMENT HERE



State of Rhode Island and Providence Plantations  
**Department of State | Office of the Secretary of State**  
**Nellie M. Gorbea**, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island  
and Providence Plantations, hereby certify that this document, duly executed in  
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as  
amended, has been filed in this office on this day:

December 11, 2019 12:05 PM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive, written in a professional style.

Nellie M. Gorbea  
*Secretary of State*

