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 DEPARTMENT OF STATE
 SECRETARIAT OF STATE
 CORPORATIONS DIV
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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: 000104074 | 2. The name of the corporation is: Cumberland Towing & Service, Inc. | |
| 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: Cumberland Towing & Service, Inc. | | |
| 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> | | |
| Total Authorized Shares <i>(Number of Shares)</i> | Class of Stock | Par Value Per Share |
| _____ _____ _____ | _____ _____ _____ | _____ _____ _____ |
| Check the box to indicate no change <input checked="" type="checkbox"/> | | |
| 6. If the period of its duration is changing complete the following section: CHECK ONE BOX ONLY | | |
| <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

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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