



State of Rhode Island and Providence Plantations

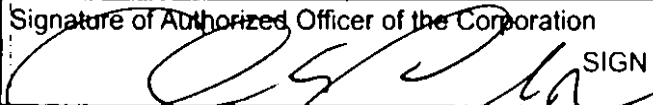
Department of State - Business Services Division

Statement of Change of Agent

DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$20.00

Pursuant to the provisions of RIGL 7-1.2-502 or 7-1.2-1409 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 000104074		2. Exact Name of the Corporation Cumberland Towing & Service, Inc.	
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 2 Bridge Street			
City/Town Providence		State RHODE ISLAND	Zip 02903
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State: C/O Vincent A. Decesare at Decesare Law Offices			
5. The address of the NEW registered office is:			
Street Address (NOT a P.O. Box) 7 Waterman Avenue			
City/Town N. Providence		State RHODE ISLAND	Zip 02911
6. The name of the NEW registered agent is: Anthony Gallone			
7. Date when this Statement of Change of Registered 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 Registered Agent by the Corporation, and that all statements contained herein are true and correct.			
Name of Authorized Officer of the Corporation Charles A. Lombardi Jr			Date 1-17-2020
Signature of Authorized Officer of the Corporation  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

