



State of Rhode Island  
**Department of State - Business Services Division**

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 RI DEPT OF STATE  
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**Statement of Change of Agent** ADDRESS  
 DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: ~~\$20.00~~ **NO fee**

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 001673673		2. Exact Name of the Corporation Sctructures CPM, Inc.	
3. The address of the registered office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:			
Street Address 975 Smith Street			
City/Town Providence		State RHODE ISLAND	Zip 02908
4. The name of the registered agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State: Manuel Andrews			
5. The address of the <b>NEW</b> registered office is:			
Street Address ( <u>NOT</u> a P.O. Box) 199 Ridge Drive			
City/Town Exeter		State RHODE ISLAND	Zip 02822
6. The name of the <b>NEW</b> registered agent is: Manuel Andrews			
7. Date when this Statement of Change of Registered Agent will be effective: <b>CHECK ONE BOX ONLY</b>			
<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 MANuel Andrews		Date 9/23/21	
Signature of Authorized Officer of the Corporation 			

**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**  
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 BY A.A. 3:38 PM

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