



State of Rhode Island
Department of State - Business Services Division

RECEIVED
 RI DEPT OF STATE
 BUS SVCS DIV
 2021 SEP 27 PM 3:38

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 PRESENTLY shown in the records on file with the RI Department of State:			
Street Address <i>975 Smith Street</i>			
City/Town <i>Providence</i>	State RHODE ISLAND	Zip <i>02908</i>	
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State: Manuel Andrews			
5. The address of the NEW registered office is:			
Street Address (<u>NOT</u> a P.O. Box) <i>199 Ridge Drive</i>			
City/Town <i>Exeter</i>	State RHODE ISLAND	Zip <i>02822</i>	
6. The name of the NEW registered agent is: Manuel Andrews			
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) _____			
<i>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.</i>			
Name of Authorized Officer of the Corporation MANuel Andrews		Date 9/23/21	
Signature of Authorized Officer of the Corporation <i>Manuel Andrews</i>			

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

SEP 27 2021

BY *A.A.* 3:38 PM

W40A