



State of Rhode Island  
Department of State - Business Services Division

**Statement of Change of Agent**  
DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

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R.I. DEPT. OF STATE  
BUS SVCS DIV

2023 DEC 14 A 11:52

Pursuant to the provisions of RIGL 7-16-11 the undersigned limited liability company submits the following statement for the purpose of changing its resident agent in the State of Rhode Island:

1. Entity ID Number 001691400	2. Exact Name of the Limited Liability Company Dixon Valve & Coupling Company, LLC		
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 33 Plan Way Building 5			
City/Town Warwick	State RHODE ISLAND	Zip 02886	
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: Raymond Grandclamp			
5. The address of the NEW resident office is: Street Address (NOT a P.O. Box) 222 Jefferson Boulevard, Suite 200			
City/Town Warwick	State RHODE ISLAND	Zip 02888	
6. The name of the NEW resident agent is: Corporation Service Company			
7. Date when this Statement of Change of Resident 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 90 days from the date of filing) _____			
<i>Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Resident Agent by the Limited Liability Company, and that all statements contained herein are true and correct.</i>			
Name of Authorized Person of the Limited Liability Company Charles Athey		Date 12/13/2023	
Signature of Authorized Person of the Limited Liability Company 			

**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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