



State of Rhode Island  
Department of State - Business Services Division

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SECRETARY OF STATE  
CORPORATIONS

2024 DEC 30, PM 1:37

**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<br>000008890  |                       | 2. Exact Name of the Corporation<br>Tarkiln Pond, 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 321 S. Main St.  |                       |  |  |
| City/Town<br>Pascoag  | State<br>RHODE ISLAND | Zip<br>02859-3519                                      |  |
| 4. The name of the registered agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:<br>Donald E. Fontaine   |                       |  |  |
| 5. The address of the <b>NEW</b> registered office is:  |                       |  |  |
| Street Address (NOT a P.O. Box) 16 Tarklin Pond Drive PO Box 474  |                       |  |  |
| City/Town<br>Slatersville   | State<br>RHODE ISLAND | Zip<br>02876   |  |
| 6. The name of the <b>NEW</b> registered agent is:<br>Richard Millette  |                       |  |  |
| 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<br>Richard Millette (Vice President)  |                       | Date<br>12/23/2024                                     |  |
| Signature of Authorized Officer of the Corporation<br>  |                       |  |  |

**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**  
DEC 30 2024 1:37pm  
BY UCS XWRET