



State of Rhode Island  
Department of State - Business Services Division

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SECRETARY OF STATE  
CORPORATIONS

2025 JAN 21 1PM 1:36

**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 000144536		2. Exact Name of the Corporation Continental Plastics & Packaging, 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 1445 WAMPANAG Trail Suite 115			
City/Town EAST PROVIDENCE		State RHODE ISLAND	Zip 02915
4. The name of the registered agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State: Allison Rock			
5. The address of the <b>NEW</b> registered office is:			
Street Address (NOT a P.O. Box) 128 Dorrance St			
City/Town Providence		State RHODE ISLAND	Zip 02903
6. The name of the <b>NEW</b> registered agent is: Daniel Checraallah			
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 Daniel Checraallah			Date 1/16/2025
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**

JAN 21 2025

BY CM8JF

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