State of Rhode Island
Department of State - Business Services Division

REC'D RIDOS BSD '25 APR 4 PM 3:09:35 STAMP

Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: $20.00

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	2. Exact Name of the Limited Liability Company
17571602	Progressive Composites Initiative LLC

3. The address of the resident office as **PRESENTLY** shown in the records on file with the RI Department of State:

Street Address	City/Town	State	Zip
222 Jefferson Blvd Ste 200	Warwick	RHODE ISLAND	02888

4. The name of the resident agent as **PRESENTLY** shown in the records on file with the RI Department of State:
United States Corp. Agents Inc

5. The address of the **NEW** resident office is:

Street Address (NOT a P.O. Box)	City/Town	State	Zip
1 Capron Road	Smithfield	RHODE ISLAND	02917

6. The name of the **NEW** resident agent is:
Timothy Parades

7. Date when this Statement of Change of Resident Agent will be effective: **CHECK ONE BOX ONLY**

☑ Date received (Upon filing)

☐ Later effective date (Date must be no more than 90 days from the date of filing) _____

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.

Name of Authorized Person of the Limited Liability Company	Date
Timothy Parades	4/3/25

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

FILED
STAMP
APR 04 2025
BY E6SKT
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FORM 642 - Revised 01/2024