State of Rhode Island
Department of State - Business Services Division

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BUS SVCS DIV.
2025 AUG 25 P 1:53

Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: ~~$20.00~~ No Fee

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
001782432	Clempro

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

Street Address			
45 Houston Avenue			
City/Town: Newport	State: RHODE ISLAND	Zip: 02840	

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

Kurt Dolnier

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

Street Address (NOT a P.O. Box)		
111 Harrison Avenue		
City/Town: Newport	State: RHODE ISLAND	Zip: 02840

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

Kurt Dolnier

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

- [x] 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
Kurt Dolnier	8/20/2025

Signature of Authorized Person of the Limited Liability Company

FILED
AUG 25 2025
1:53
BY 3378

MAIL TO:
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