



State of Rhode Island
Department of State - Business Services Division

REC'D RIDGS BSD
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FD-1
SECRETARY OF STATE
USE ONLY

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 001730479		2. Exact Name of the Limited Liability Company N & D Hauling LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 700 NARRAGANSETT PARK DR STE 100			
City/Town PAWTUCKET		State RHODE ISLAND	Zip 02861
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: REGISTERED AGENTS INC.			
5. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 10 HAWKINS BOULEVARD			
City/Town NORTH PROVIDENCE		State RHODE ISLAND	Zip 02911
6. The name of the NEW resident agent is:			
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 NOEL LOPEZ		Date 10/8/2025	
Signature of Authorized Person of the Limited Liability Company <i>Noel Lopez</i>			

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
OCT 08 2025
BY *DN 006*