



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

Statement of Change of Registered Agent
Business Corporation

Filing Fee: \$20.00

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2016 MAY -4 AM 11:14

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		2. Exact Name of the Corporation	
060201692		RE MANAGEMENT INC	
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 107 DANIELSON PIKE			
City/Town SCITUATE		State RHODE ISLAND	Zip 02857
4. The address of the NEW registered office is:			
Street Address (NOT a P.O. Box) 161 SENEKES HILL RD			
City/Town LINCOLN		State RHODE ISLAND	Zip 02865
5. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State:			
LAURA MCGUIRE			
6. The name of the NEW registered agent is:			
RICHARD BLANCHARD			
7. Date when this Statement of Change of Registered Agent will be effective: CHECK ONLY ONE BOX			
<input checked="" type="checkbox"/> Date received (Upon filing)			
<input type="checkbox"/> Later effective date (Date must be no more than 30 days from the day 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 RICHARD BLANCHARD			Date 5-4-2016
Signature of Authorized Officer of the Corporation Richard Blanchard			

SIGN DOCUMENT HERE

FILED ✓

MAY 04 2016

BY M 273524 11:19