



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

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 BUS SVCS DIV  
 2016 DEC 13 AM 11:58

**Statement of Change of Registered Office**  
 DOMESTIC or FOREIGN Business Corporation

→ No Filing Fee

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<br><b>120826</b>                                                                                                                                              |  | 2. Exact Name of the Corporation<br><b>NORATO ELECTRIC INC</b> |                         |
| 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<br><b>510 GARDINER RD</b>                                                                                                                                          |  |                                                                |                         |
| City/Town<br><b>W. KINGSTOWN</b>                                                                                                                                                  |  | State<br><b>RHODE ISLAND</b>                                   | Zip<br><b>02882</b>     |
| 4. The address of the <b>NEW</b> registered office is:                                                                                                                            |  |                                                                |                         |
| Street Address (NOT a P.O. Box)<br><b>27 C KRAK RD</b>                                                                                                                            |  |                                                                |                         |
| City/Town<br><b>NORTH KINGSTOWN</b>                                                                                                                                               |  | State<br><b>RHODE ISLAND</b>                                   | Zip<br><b>02852</b>     |
| 5. 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) _____                                                                    |  |                                                                |                         |
| 6. A copy of this Statement has been mailed to the corporation (applicable when agent records statement).                                                                         |  |                                                                |                         |
| Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Registered Office, and that all statements contained herein are true and correct. |  |                                                                |                         |
| Name of the Registered Agent/Officer of the Corporation<br><b>Stephen M Norato</b>                                                                                                |  |                                                                | Date<br><b>12-13-16</b> |
| Signature of the Registered Agent/Officer of the Corporation<br><b>[Signature]</b> SIGN DOCUMENT HERE                                                                             |  |                                                                |                         |

**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**

**DEC 13 2016**

BY **CR** 11:58