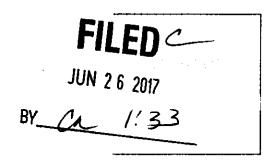
State of Rhode Island and Providence Plantations Department of State - Business Services Division			
Statement of Chang DOMESTIC or FOREIGN → No Filing Fee Pursuant to the provisions of F following statement for the pur			
1. Entity ID Number	2 Exact Name of the Limited Liability Company		
000275693	Conanicut Energy LLC		
3. The address of the resident office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:			
Street Address 163 Laurel Lane			
City/Town W. Kingston		State RHODE ISLAND	<sup>Zip</sup> 02892
4. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 38 Top O Mark Drive			
City/Town Jamestown		State RHODE ISLAND	<sup>Zip</sup> 02835
5. Date when this Statement of Change of Resident Agent will be effective: CHECK ONLY ONE BOX			
Date received (Upon filing)			
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 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
Robert J. Tormey			06/26/2017
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



FORM 642A - Revised: 06/2016



State of Rhode Island and Providence Plantations **Department of State** | **Office of the Secretary of State Nellie M. Gorbea**, Secretary of State

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island

and Providence Plantations, hereby certify that this document, duly executed in

accordance with the provisions of Title 7 of the General Laws of Rhode Island, as

amended, has been filed in this office on this day:

June 26, 2017 01:33 PM

Tulli U. Kole

Nellie M. Gorbea Secretary of State

