



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

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 CORPORATIONS DIV

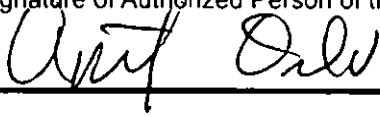
2019 NOV -8 AM 10: 07

## 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:

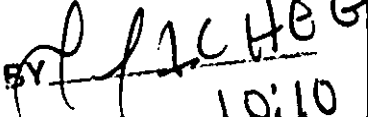
|                                                                                                                                                                                                                 |                              |                                                                                                   |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|---------------------------------------------------------------------------------------------------|--|
| 1. Entity ID Number<br><b>1664064</b>                                                                                                                                                                           |                              | 2. Exact Name of the Limited Liability Company<br><b>Rhode Island Solar Renewable Energy, LLC</b> |  |
| 3. The address of the resident office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:<br>Street Address <b>46 Creston Way</b>                                                 |                              |                                                                                                   |  |
| City/Town<br><b>Warwick</b>                                                                                                                                                                                     | State<br><b>RHODE ISLAND</b> | Zip<br><b>02886</b>                                                                               |  |
| 4. The name of the resident agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:<br><b>Anthony Delvicario</b>                                                                |                              |                                                                                                   |  |
| 5. The address of the <b>NEW</b> resident office is:<br>Street Address (NOT a P.O. Box) <b>300 Centerville Road, Suite 300 West</b>                                                                             |                              |                                                                                                   |  |
| City/Town<br><b>Warwick</b>                                                                                                                                                                                     | State<br><b>RHODE ISLAND</b> | Zip<br><b>02886</b>                                                                               |  |
| 6. The name of the <b>NEW</b> resident agent is:<br><b>Sanford J. Resnick, Esquire</b>                                                                                                                          |                              |                                                                                                   |  |
| 7. Date when this Statement of Change of Resident Agent will be effective: <b>CHECK ONE BOX ONLY</b>                                                                                                            |                              |                                                                                                   |  |
| <input checked="" type="checkbox"/> Date received (Upon filing)<br><input type="checkbox"/> 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<br><b>Anthony J. Delvicario</b>                                                                                                                      |                              | Date<br><b>11/7/19</b>                                                                            |  |
| Signature of Authorized Person of the Limited Liability Company<br> 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**

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BY   
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