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State of Rhode Island

Department of State - Business Services Division

R.I. DIPT. OF STATE
BUS SVCS DIV
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Statement of Change of Registered Office

DOMESTIC or FOREIGN Non-Profit Corporation

→ No Filing Fee

•	of changing its registered office O	<u> </u>	• 1	
1. Entity ID Number	Exact Name of the Corpor	2. Exact Name of the Corporation		
000068886	Rhode Island Resource Recover	Rhode Island Resource Recovery Corporation		
	istered office as PRESENTLY sho	wn in the records on file with t	he RI Department of State:	
Street Address 86 Weybosse	et Street St 4N)		
City/Town Providence		State RHODE ISLAND	^{Zip} 02903	
4. The address of the NE				
Street Address (<u>NOT</u> a P.O.	Box) 33 Broad Street			
City/Town Providence		State RHODE ISLAND	^{Zip} 02903	
5. Date when the Change	e of Registered Office will be effect	ive: CHECK ONE BOX ONLY		
Date received (Upor	r filing)	·		
Later effective date (Date must be no more than 30 days from the date of filing)				
6. A copy of this Stateme	nt has been mailed to the corporat	ion (applicable when agent re	cords statement).	
7. If recorded by the corp	oration, the change was authorize	d by a resolution duly adopted	I by its board of directors.	
	I declare and affirm that I have ex- ned herein are true and correct.	amined these Statement of Ch	nange of Registered Office, and	
Name of the Registered Agent/President or Vice President of the Corporation			Date	
David R. Ursillo, Esq.			(0 /2V)	
Signature of the Register	ed Agent/President or Vice Presid	ent of the Corporation		

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

OCT 2 6 2020

FORM 641A Revised 06/2000