



State of Rhode Island

Department of State - Business Services Division

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BUS SVCS DIV

2020 OCT 26 P 3:59

**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 office **ONLY** in the State of Rhode Island:

|                                                                                                                                                                                   |  |                                                        |                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------|------------------|
| 1. Entity ID Number<br>000106795                                                                                                                                                  |  | 2. Exact Name of the Corporation<br>RN Resources, Inc. |                  |
| 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 86 Weybosset Street                                                                                                                                                |  |                                                        |                  |
| City/Town Providence                                                                                                                                                              |  | State <b>RHODE ISLAND</b>                              | Zip 02903        |
| 4. The address of the <b>NEW</b> registered office is:                                                                                                                            |  |                                                        |                  |
| Street Address ( <u>NOT</u> a P.O. Box) 33 Broad Street                                                                                                                           |  |                                                        |                  |
| City/Town Providence                                                                                                                                                              |  | State <b>RHODE ISLAND</b>                              | Zip 02903        |
| 5. Date when this Statement of Change of Registered Office will be effective: <b>CHECK ONE BOX ONLY</b>                                                                           |  |                                                        |                  |
| <input checked="" type="checkbox"/> Date received (Upon filing)                                                                                                                   |  |                                                        |                  |
| <input type="checkbox"/> Later effective date (Date must be no more than 30 days from the date 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>David R. Ursillo, Esq.                                                                                                 |  |                                                        | Date<br>10/20/20 |
| Signature of the Registered Agent/Officer of the Corporation<br>                                                                                                                  |  |                                                        |                  |

**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 26 2020

BY AA-3:59pm