

Statement of Change of Registered Office

DOMESTIC or FOREIGN Non-Profit Corporation

→ No Filing Fee

Pursuant to the provisions of RIGL 7-6-13(d) or 7-6-78(d) the undersigned submits the following statement for the purpose of changing its registered office in the State of Rhode Island:

2016 AUG 30 AM 10: 1	NECHIVED SECRETARY OF STA- CORPORATIONS DIV
): 50	TATE

1. Entity ID Number 2. Exact Name of the Co	rporation	
	s Tailor Shop Inc	
3. The address of the registered office as PRESENTLY	shown in the records on file with the RI Department of	f State:
Street Address HO SUPERIOR VIEW		
City/Town NONTH PROV	RHODE ISLAND Zip 291/	
4. The address of the NEW registered office is:		·
Street Address (NOT a P.O. Box) 231 LEXFNHOW AVE		
City/Town NONTH PROV.	State RHODE ISLAND Zip 02904	į.
Nony Prov. 5. A copy of this Statement has been mailed to the corp	oration (applicable when agent records statement).	
5. A copy of this Statement has been mailed to the corp 6. If recorded by the corporation, the change was author	rized by a resolution duly adopted by its board of directions.	ctors.
Nony Prod. 5. A copy of this Statement has been mailed to the corp	oration (applicable when agent records statement). orized by a resolution duly adopted by its board of direct examined these Statement of Change of Registered	ctors.
5. A copy of this Statement has been mailed to the corp 6. If recorded by the corporation, the change was author Under penalty of perjury, I declare and affirm that I have	RHODE ISLAND O 2 90 9 oration (applicable when agent records statement). orized by a resolution duly adopted by its board of direct examined these Statement of Change of Registered etc.	ctors.
5. A copy of this Statement has been mailed to the corp 6. If recorded by the corporation, the change was author Under penalty of perjury, I declare and affirm that I have that all statements contained herein are true and correct Name of the Registered Agent/President or Vice President **DANTEL** **DETITION:**	roration (applicable when agent records statement). Prized by a resolution duly adopted by its board of direct examined these Statement of Change of Registered etc. Pent of the Corporation Date	ctors.
5. A copy of this Statement has been mailed to the corp 6. If recorded by the corporation, the change was author Under penalty of perjury, I declare and affirm that I have that all statements contained herein are true and correct Name of the Registered Agent/President or Vice President	roration (applicable when agent records statement). Prized by a resolution duly adopted by its board of direct examined these Statement of Change of Registered etc. Pent of the Corporation Date	ctors.

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

AUG 3 0 2016 ALA . 10.50 A.M.