



Statement of Change of Registered Office DOMESTIC or FOREIGN Non-Profit Corporation

→ No Filing Fee

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

1. Entity ID Number	2. Exact Name of the Corporation							
29509	S.S.	PAYNE	MEMORIA!	ASSOC	(Aton)			
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:								
Street Address 5(3	DEHLA	St.						
City/Town PWIDEN	Œ		RHODE ISLAND	Zip	02900	1		
4. The address of the NEW registered office is:								
Street Address (NOT a P.O. Box) 40 VALLEY St.								
City/Town CILANHUN	/	' /	RHODE ISLAND	Zip	2920			
5. A copy of this Statement has been mailed to the corporation (applicable when agent records statement).								
6. If recorded by the corporation, the change was authorized by a resolution duly adopted by its board of directors.								
Under penalty of perjury, I declare and affirm that I have examined these Statement of Change of Registered Office, and that all statements contained herein are true and correct.								
Name of the Registered Agent/President or Vice President of the Corporation				Date				
CHARAY CRU	M			10	Lov	2016		
Signature of the Registered Agent/President or Vice President of the Corporation								
I Yh ()		SIGN DOCL	JMENT 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 1: 39

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