

## **Statement of Change of Registered Office** DOMESTIC or FOREIGN Business Corporation

→ No Filing Fee

Pursuant to the provisions of R iollowing statement for the pur	IGL <u>7-1.2-502</u> or <u>7-1.2-1409</u> th cose of changing its registered	• •	1 1
1. Entity ID Number	2. Exact Name of the Corporation		
16574	HERITAGE CORPORATION OF SCITUATE		
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 123 DYER STREET			
City/Town PROVIDENCE		State RHODE ISLAND	<sup>Zip</sup> <b>02903</b>
4. The address of the <b>NEW</b> registered office is:			
Street Address (NOT a P.O. Box) 10 DORRANCE STREET, SUITE 400			
City/Town PROVIDENCE		State RHODE ISLAND	<sup>Zip</sup> 02903
5. Date when this Statement of Change of Registered Agent will be effective: CHECK ONLY ONE BOX			
Date received (Upon filing)			
Later effective date (Date must be no more than 30 days from the day 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			Date ,
CHARLES A. HAMBLY, JR.			11/7/14
Signature of the Registered Agen/Officer of the Corporation			
Charle 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

