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 R.I. DEPARTMENT OF STATE

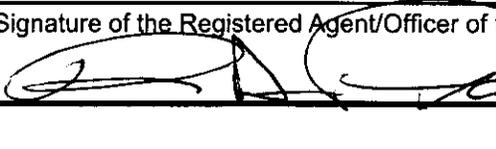
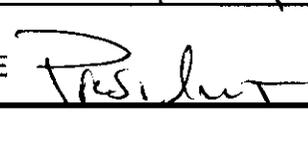
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Statement of Change of Registered Office

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 agent in the State of Rhode Island:

1. Entity ID Number 085220		2. Exact Name of the Corporation DYL & PERILLO, INC.	
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 38 NORTH COURT STREET			
City/Town PROVIDENCE	State RHODE ISLAND	Zip 02903	
4. The address of the NEW registered office is:			
Street Address (NOI a P.O. Box) 446 BROADWAY			
City/Town PROVIDENCE	State RHODE ISLAND	Zip 02909	
5. Date when this Statement of Change of Registered Agent will be effective: CHECK ONLY ONE BOX			
<input checked="" type="checkbox"/> Date received (Upon filing)			
<input type="checkbox"/> 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).			
<i>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.</i>			
Name of the Registered Agent/Officer of the Corporation ROBERT A. PERILLO			Date 1/15/17
Signature of the Registered Agent/Officer of the Corporation 			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

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