



State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

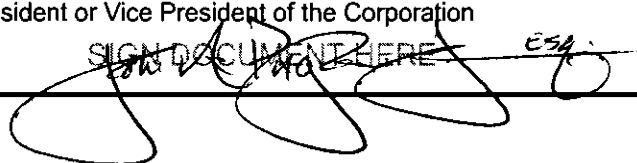
2017 MAY 17 AM 10:29  
RI DEPT OF STATE  
BUSINESS SERVICES DIV

## 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:

|                                                                                                                                                                                                |                              |                                                                            |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------------------------------------------------------------------|--|
| 1. Entity ID Number<br><b>000550859</b>                                                                                                                                                        |                              | 2. Exact Name of the Corporation<br><b>KENYON TERRACE APARTMENTS, INC.</b> |  |
| 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 <b>3913 MAIN RD, STE E</b>                                                                                                                                                      |                              |                                                                            |  |
| City/Town<br><b>TIVERTON</b>                                                                                                                                                                   | State<br><b>RHODE ISLAND</b> | Zip<br><b>02878</b>                                                        |  |
| 4. The address of the <b>NEW</b> registered office is:                                                                                                                                         |                              |                                                                            |  |
| Street Address ( <u>NOT</u> a P.O. Box) <b>SAYER REGAN THAYER, LLP, 130 BELLEVUE AVE</b>                                                                                                       |                              |                                                                            |  |
| City/Town<br><b>NEWPORT</b>                                                                                                                                                                    | State<br><b>RHODE ISLAND</b> | Zip<br><b>02840</b>                                                        |  |
| 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.                                                                           |                              |                                                                            |  |
| <i>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.</i>      |                              |                                                                            |  |
| Name of the Registered Agent/President or Vice President of the Corporation<br><b>JOHN A. PAGLIARINI, JR., ESQ.</b>                                                                            |                              | Date<br><b>MAY 15, 2017</b>                                                |  |
| Signature of the Registered Agent/President or Vice President of the Corporation<br><br>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](http://www.sos.ri.gov)

**FILED**

**MAY 17 2017**

BY 