

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:

| 28 NUL 183 | R.I. DEPT. OF |
|-------------------|---------------|
| ANIL: 30 | OF STATE |

| Entity ID Number | 2. Exact Name of the Corpor | 2. Exact Name of the Corporation | | |
|-----------------------------------------------------------------------------|--------------------------------------------------------------------------|----------------------------------|-----------------------------|--|
| 159656 | Cretcheu Corp. | | | |
| 3. The address of the reg | istered office as PRESENTLY sho | wn in the records on file with | the RI Department of State: | |
| Street Address 50 Power F | Rd., | | | |
| City/Town Pawtucket | | State RHODE ISLAND | ^{Zip} 02860 | |
| 4. The address of the NE | W registered office is: | | | |
| Street Address (NOT a P.O. | Box) 875 Centerville Rd., Unit 2 | | | |
| City/Town Warwick | | State RHODE ISLAND | ^{Zíp} 02886 | |
| 5. A copy of this Statemer | nt has been mailed to the corporati | on (applicable when agent red | cords statement). | |
| | oration, the change was authorized | | | |
| Under penalty of perjury, | I declare and affirm that I have exa ned herein are true and correct. | | | |
| Name of the Registered Agent/President or Vice President of the Corporation | | Date | | |
| Kenneth Kando | | 6/9/17 | | |
| Signature of the Registere | ad Agent/President or Vice Preside | nt of the Corporation | | |

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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JUN 12 2017

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