Statement of Change DOMESTIC or FOREIGN	e of Registered Office	е		8 (8
→ No Filing Fee				SECRETA CORPOR 2018 FEB -
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 office ONLY in the State of Rhode Island:—:				<u>-</u> 결정 - 결화
1. Entity ID Number	2. Exact Name of the Corpora			= 0,0
000796851	Second Stage Stu			
3. The address of the register	red office as PRESENTLY show	wn in the records on file with th	ne RI Department of	f State:
Street Address 1 Angell Road	1			
City/Town Cumberland		State RHODE ISLAND	Zip 02864	
4. The address of the NEW re				
Street Address (NOT a P.O. Box	42 Rhodes Street		, ,,	
City/Town Cumberland		State RHODE ISLAND	Zip 02864	
5. Date when this Statement	of Change of Registered Office	will be effective: CHECK ONF	BOX ONLY	
✓ Date received (Upon filing)	ng)	\		
Later effective date (Dat	e must be no more than 90 day	s from the date of filing)		 -
6. A copy of this Statement ha	as been mailed to the corporation	on (applicable when agent rec	ords statement).	·
	clare and affirm that I have exa			fice, and that
Name of the Registered Ager	nt/Officer of the Corporation		Date	
GOANNE VICCO	W		01/28/2018	
Signature of the Registered A	Agent/Officer of the Corporation			
Jeanne Herry	L . \sim	UMENT HERE		

MAIL TO:

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Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED

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