



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

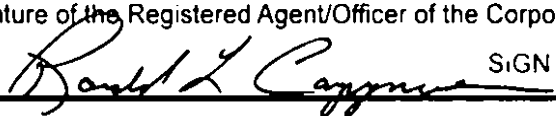
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SECRETARY OF STATE  
CORPORATIONS DIV  
2018 APR -2 PM 4:06

## Statement of Change of Registered Office

DOMESTIC or FOREIGN Business Corporation

→ No Filing Fee

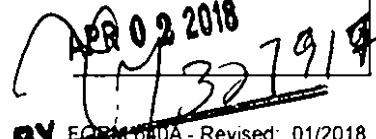
Pursuant to the provisions of RIGL 7-1.2-502 or 7-1.2-1409 the undersigned corporation submits the following statement for the purpose of changing its registered office **ONLY** in the State of Rhode Island:

|                                                                                                                                                                                   |                              |                                                        |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|--------------------------------------------------------|--|
| 1. Entity ID Number<br><b>727379</b>                                                                                                                                              |                              | 2. Exact Name of the Corporation<br><b>TRIBECA 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<br><b>175 HOFFMAN AVENUE UNIT 308</b>                                                                                                                              |                              |                                                        |  |
| City/Town<br><b>CRANSTON</b>                                                                                                                                                      | State<br><b>RHODE ISLAND</b> | Zip<br><b>02920</b>                                    |  |
| 4. The address of the <b>NEW</b> registered office is:                                                                                                                            |                              |                                                        |  |
| Street Address ( <b>NOT</b> a P.O. Box)<br><b>12 GRAY COACH LANE UNIT 1202</b>                                                                                                    |                              |                                                        |  |
| City/Town<br><b>CRANSTON</b>                                                                                                                                                      | State<br><b>RHODE ISLAND</b> | Zip<br><b>02921</b>                                    |  |
| 5. Date when this Statement of Change of Registered Office will be effective: <b>CHECK ONE BOX ONLY</b>                                                                           |                              |                                                        |  |
| <input type="checkbox"/> Date received (Upon filing)                                                                                                                              |                              |                                                        |  |
| <input type="checkbox"/> Later effective date (Date must be no more than 90 days from the date 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<br><b>RONALD L. CAMPAGNONE</b>                                                                                            |                              | Date<br><b>4-2-18</b>                                  |  |
| Signature of the Registered Agent/Officer of the Corporation<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

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BY  327914  
FORM 600A - Revised: 01/2018