

Statement of Change of Registered Office

DOMESTIC or FOREIGN Business Corporation

→ No Filing Fee

SECRETARY OF STATE CORPORATIONS DIV

Pursuant to the provisions of RIGL <u>7-1,2-502</u> or <u>7-1,2-1409</u> the undersigned corporation submits the following statement for the purpose of changing its registered office *ONLY* in the State of Rhode Island:

Entity ID Number	2. Exact Name of the Corporation		
727379	TRIBECA INC		
3. The address of the register	ed office as PRESENTLY show	wn in the records on file with th	e RI Department of State:
Street Address 175 Hoffman A	268 THIT 308		
CRANSTON		State RHODE ISLAND	Zip
4. The address of the NEW re	egistered office is:		
Street Address (NOT a PO. Box)			
12 GRAY COACH LANE UNIT 1202			
CRANSTON		State RHODE ISLAND	Zip 02921
5. Date when this Statement	of Change of Registered Office	will be effective: CHECK ONE	BOX ONLY
Date received (Upon filin	ng)		
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 decall statements contained here		mined this Statement of Chan	ge of Registered Office, and that
Name of the Registered Agent/Officer of the Corporation			Date
Ronald L. CAMPAGNONE			4-2-18
Signature of the Registered A	.gent/Officer of the Corporation		
Sign DOCUMENT HERE			
Signature of the Registered A			

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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BY EDWING TOA - Revised: 01/2018