

Statement of Change of Registered Office

DOMESTIC or FOREIGN Business Corporation

lward B. Corroran

Signature of the Registered Agent/Officer of the Corporation

→ No Filing Fee

SIGN DOCUMENT HERE

• · · · · · · · · · · · · · · · · · · ·			2 A A A A A A A A A A A A A A A A A A A
		the undersigned corporation sud office ONLY in the State of R	
Entity ID Number 2. Exact Name of the Corporation		\$ \frac{1}{2}	
000019942	Rhode Island Nurseries, Inc.		
3. The address of the register	red office as PRESENTLY sho	own in the records on file with th	ne RI Department of State:
Street Address (Q \ L	ong whare	F	
City/Town Newport		State RHODE ISLAND	Zip 02840
4. The address of the NEW re			
Street Address (<u>NOT</u> a P.O. Box	³ 43 Memorial Blvd, 2nd Flo	or	
City/Town Newport		State RHODE ISLAND	Zip 02840
5. Date when this Statement	of Change of Registered Offic	e will be effective: CHECK ON	E BOX ONLY
Date received (Upon filing) Later effective date (Date	ng) te must be no more than 90 da	ays from the date of filing) May	1, 2018
6. A copy of this Statement h	as been mailed to the corporal	tion (applicable when agent rec	ords statement).
Under penalty of perjury, I de all statements contained here		amined this Statement of Chan	ge of Registered Office, and that
Name of the Registered Agent/Officer of the Corporation			Date
Edward B. Corcoran			April 5, 2018

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

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

FILED APR 2 7 2018