



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

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 SECRETARY OF STATE
 CORPORATIONS DIV
 2018 MAY 31 AM 11:23

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 00135877	2. Exact Name of the Corporation lalongo Insurance Agency, Inc.		
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 45 Sockanosset Crossroad, Suite 5			
City/Town Cranston	State RHODE ISLAND	Zip 02920	
4. The address of the NEW registered office is:			
Street Address (<u>NOT</u> a P.O. Box) 95 Sockanosset Crossroad, Suite 107			
City/Town Cranston	State RHODE ISLAND	Zip 02920	
5. Date when this Statement of Change of Registered Office will be effective: CHECK ONE BOX ONLY			
<input checked="" type="checkbox"/> Date received (Upon filing)			
<input type="checkbox"/> Later effective date (Date must be no more than 30 days from the date of filing) _____			
6. A copy of this Statement has been mailed to the corporation (applicable when agent records statement).			
<i>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.</i>			
Name of the Registered Agent/Officer of the Corporation Jason T lalongo			Date 05/29/2018
Signature of the Registered Agent/Officer of the Corporation <div style="text-align: center;"> SIGN YOUR NAME HERE <i>President</i> </div>			

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

11:23

FILED

MAY 31 2018

BY _____