

State of Rhode Island and Providence Plantations

Department of State - Buşiness, Services Division

Statement of Change of Registered Office

DOMESTIC or FOREIGN

.t Corporation

→ No Filing Fee

7-1.2-502 7-1.2-1409

Pursuant to the provisions of RIGL ______ or ________) the undersigned submits the following statement for the purpose of changing its registered office *ONLY* in the State of Rhode Island:

2018 JUL 23 PM 1: 03	SECRETARY OF STATE CORPORATIONS DIV	
,		

- 	of changing its registered office Of		, , <u>.</u>		
1. Entity ID Number	·	2. Exact Name of the Corporation			
000123375	Alliance Business Products, Inc.				
3. The address of the reg	istered office as PRESENTLY show	wn in the records on file with t	the RI Department of State:		
Street Address 21 Industr	ial Drive				
City/Town Smithfield		State RHODE ISLAND	^{Zip} 02917		
4. The address of the NE					
Street Address (<u>NOT</u> a P.O.	Box) 7 Industrial Drive	-			
City/Town Smithfield		State RHODE ISLAND	^{Zip} 02917		
5. Date when the Change	e of Registered Office will be effect	ive: CHECK ONE BOX ONLY	,		
✓ Date received (Upor	n filing)				
Later effective date	(Date must be no more than 30 day	ys from the date of filing)			
6. A copy of this Stateme	nt has been mailed to the corporat	ion (applicable when agent re	cords statement).		
7. If recorded by the corp	oration, the change was authorize	d by a resolution duly adopted	by its board of directors.		
	I declare and affirm that I have exi ined herein are true and correct.	amined these Statement of Cl	hange of Registered Office, and		
Name of the Registered	Agent/President or Vice President of	of the Corporation	Date		
Linda Haggarty Circular of the President of Apart President as Year Septiment of the Company in the President of the President o					
Signature of the Register	red Agent/President or Vice President	ent of the Corporation			
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MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-261-

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

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