



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

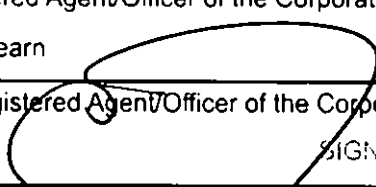
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SECRETARY OF STATE  
CORPORATIONS DIV.  
2018 AUG 14 PM 12:43

## 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 <b>001661266</b>		2. Exact Name of the Corporation <b>NEW YORK AVENUE TAVERN, 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 <b>55 Pine Street - 4th Floor</b>			
City/Town <b>Providence</b>	State <b>RHODE ISLAND</b>	Zip <b>02903</b>	
4. The address of the <b>NEW</b> registered office is:			
Street Address ( <u>NOT</u> a P.O. Box) <b>1300 Division Road - Suite 304</b>			
City/Town <b>West Warwick</b>	State <b>RHODE ISLAND</b>	Zip <b>02893</b>	
5. Date when this Statement of Change of Registered Office will be effective: <b>CHECK ONE BOX ONLY</b>			
<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 <b>Christopher M. Mulhearn</b>		Date <b>August 8, 2018</b>	
Signature of the Registered Agent/Officer of the Corporation  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

FILED

12:43

AUG 14 2018

BY 

STAMP