



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

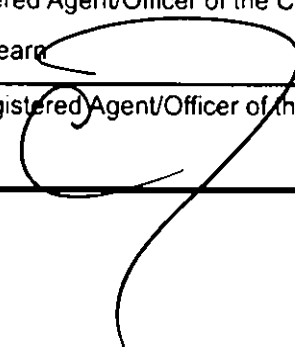
RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIV.  
2018 AUG 14 PM 12:42

### Statement of Change of Registered Office

DOMESTIC or FOREIGN Business Corporation

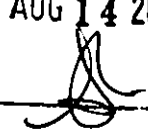
→ No Filing Fee

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<br><b>000061174</b>                                                                                                                                                  |  | 2. Exact Name of the Corporation<br><b>Crary Realty Associates, 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<br><b>Christopher M. Mulhearn</b>                                                                                                |  |                                                                          | Date<br><b>August 8, 2018</b> |
| Signature of the Registered Agent/Officer of the Corporation<br><br>SIGN DOCUMENT HERE                |  |                                                                          |                               |

**FILED**

**AUG 14 2018**

**BY** 

**12:42 ST**

**MAIL TO:**

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