



State of Rhode Island and Providence Plantations

**Department of State - Business Services Division** 

## Statement of Change of Registered Office

DOMESTIC or FOREIGN Business Corporation

→ No Filing Fee

SECRETARY OF STA

Pursuant to the provisions of RIGL <u>7-1.2-502</u> or <u>7-1.2-1409</u> 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	2. Exact Name of the Corporation		
000488074	Law Office of Christopher M. Mulhearn, Inc.		
3. The address of the register	red office as PRESENTLY sho	wn in the records on file with the	he RI Department of State:
Street Address 55 Pine Street	- 4th Floor		
City/Town Providence		State RHODE ISLAND	Zip 02903
4. The address of the NEW re	egistered office is:		-
Street Address (NOT a P.O. Box) 1300 Division Road - Suite 304			
City/Town West Warwick		State RHODE ISLAND	<sup>Zip</sup> 02893
5. Date when this Statement	of Change of Registered Office	will be effective: CHECK ON	E BOX ONLY
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).			
Under penalty of perjury, I dec all statements contained here	clare and affirm that I have exa in are true and correct.	mined this Statement of Chan	ge of Registered Office, and that
Name of the Registered Agent/Officer of the Corporation			Date
Christopher M. Mulhearp			August 8, 2018
Signature of the Registered A	gent/Office of the Corporation		
SIGN DOCUMENT HERE			

FILED

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov AUG 1 4 2018

STAMP