



Statement of Change of Registered Office

DOMESTIC or FOREIGN Non-Profit Corporation

→ No Filing Fee

Pursuant to the provisions of RIGL <u>7-6-13(d)</u> or <u>7-6-78(d)</u> the undersigned submits the following statement for the purpose of changing its registered office <i>ONLY</i> in the State of Rhode Island:			
1. Entity ID Number	2. Exact Name of the Corporation		
201673229	Can Do Resc	ve Goup RI	
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 627 Cranston St			
City/Towprovidence		RHODE ISLAND	FOPSO 915
4. The address of the NEW registered office is:			
Street Address (NOT a P.O. Box) Street			
		RHODE ISLAND	zip 02903
5. Date when the Change of Registered Office will be effective: CHECK ONE BOX ONLY			
Date received (Upon filing)			
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).			
7. If recorded by the corporation, the change was authorized by a resolution duly adopted by its board of directors.			
Under penalty of perjury, I declare and affirm that I have examined these Statement of Change of Registered Office, and that all statements contained herein are true and correct.			
Name of the Registered Agen	t/President or Vice President of	of the Corporation	Date
Gregory Jerome Avila 1-3-2019			
Signature of the Registered Agent/President or Vice President of the Corporation			
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MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

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

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