



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

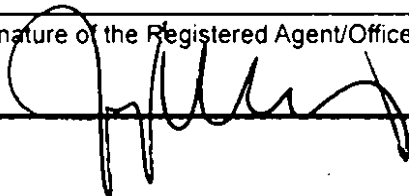
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STATE
SECRETARY OF
CORPORATIONS DIV
2019 FEB 21 AM 11:36

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 000085701		2. Exact Name of the Corporation ANNARUMMO & ASSOCIATES INSURANCE, INC.	
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 349 Hope Street			
City/Town Providence	State RHODE ISLAND	Zip 02906	
4. The address of the NEW registered office is:			
Street Address (<u>NOT</u> a P.O. Box) 245 Waterman Street, Suite 403			
City/Town Providence	State RHODE ISLAND	Zip 02906	
5. Date when this Statement of Change of Registered Office will be effective: CHECK ONE BOX ONLY			
<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).			
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.			
Name of the Registered Agent/Officer of the Corporation Joseph R. Miller, Esq.		Date 02/19/2019	
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
STAMP
FEB 21 2019
BY A.A. 11:36 AM