



2019 MAR -4 AM 11: 49-AMP

AGH No Moral (Moral No Sala) No Chart

Statement of Change of Registered Office

DOMESTIC or FOREIGN Business Corporation

→ No Filing Fee

following statement for the pur		•	
1. Entity ID Number	2. Exact Name of the Corporation		
<i>0</i> 000 <i>0553</i> 3	Current Carrier Corp		
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address Wellington Rd			
City/Town J Lincoln		State RHODE ISLAND	Zip 02865
4. The address of the NEW registered office is:			
Street Address (NOT a P.O. Box)			
City/Town Smithfield State RHODE ISLAND Zip 02817			
City/Town Smithfield		State RHODE ISLAND	217 02 9 17
5. Date when this Statement of 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).			
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			Date
Stephen Wright Signature of the Registered Agent/Officer of the Corporation			3/4/19
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 11:49
STAMP
MAR 0 4 2019
BY