Statement of Change of Registered Office

DOMESTIC or FOREIGN Business Corporation

→ No Filing Fee

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

2019 HAY 24	SECRETARY OF
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1. Entity ID Number	2. Exact Name of the Corporation			
484536	Lindy's Tavern, Inc.			
3. The address of the reg	gistered office as PRESENTLY sho	wn in the records on file with t	he RI Department of State.	
Street Address 1006 Cha	rles Street			
City/Town North Providence		State RHODE ISLAND	Zip 02904	
4. The address of the NE	W registered office is:			
Street Address (<u>NOT</u> a P.O.	Box) 1343 Hartford Avenue			
City/Town Johnston		State RHODE ISLAND	Zip 02919	
5. Date when this Statem	nent of Change of Registered Office	e will be effective: CHECK ON	E BOX ONLY	
Date received (Upor	n filing)			
Later effective date	(Date must be no more than 30 da	ys from the date of filing)		
6. A copy of this Stateme	nt has been mailed to the corporati	ion (applicable when agent rec	cords statement).	
	I declare and affirm that I have exa herein are true and correct.	amined this Statement of Chan	ge of Registered Office, and that	
Name of the Registered Agent/Officer of the Corporation			Date	
John Ledoux, CPA			05/22/2019	
Signature of the Register	ed Agent/Officer of the Corporation	i White is Pr		
Join al	out	Service (CTT)		

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

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FORM 640A - Revised | 04:2018