

Discusses to the provisions of PICL 7.1.2 502 or 7.1.2 1400 the undersigned corneration submits the

Statement of Change of Registered Office

DOMESTIC or FOREIGN Business Corporation

→ No Filing Fee

SECRETARY OF STATE CORPORATIONS DIV

Entity ID Number	Exact Name of the Corporation		
109116	Murphy's Mobil, Inc.		
3. The address of the reg	istered office as PRESENTLY sho	wn in the records on file with t	he RI Department of State:
Street Address 670 Willet	t Avenue		
City/Town East Providence		State RHODE ISLAND	Z _{IP} 02915
4. The address of the NE			
Street Address (NOT a P.O.	Box) 35 Highland Avenue		
City/Town East Providence		State RHODE ISLAND	Zip 02914
5. Date when this Statem	ent of Change of Registered Office	e will be effective: CHECK ON	E BOX ONLY
Date received (Upor	n filing)	Inly	1, 2019
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 corporat	ion (applicable when agent red	cords statement).
	I declare and affirm that I have exa herein are true and correct.	amined this Statement of Char	nge of Registered Office, and that
Name of the Registered Agent/Officer of the Corporation			Date
Dean G. Robinson, Esq.			6-5-19
Signature of the Register			.J

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov 12:43

FILED

JUN 10 2019

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