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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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:

Entity ID Number	2. Exact Name of the	2. Exact Name of the Corporation		
88038	Foldex Corp	Foldex Corporation		
3. The address of the reg	gistered office as PRESEN	ITLY shown in the records on file wit	h the RI Department of State:	
Street Address 670 Willet	t Avenue			
City/Town East Providence		State RHODE ISLAND	Zip 02915	
4. The address of the NE	W registered office is:			
Street Address (NOT a P.O.	Box) 35 Highland Avenu	ie		
City/Town East Providence		State RHODE ISLAND	Zip 02914	
5. Date when this Statem	nent of Change of Register	red Office will be effective: CHECK C	ONE BOX ONLY	
Date received (Upon Later effective date	•	an 30 days from the date of filing)	uly 1, 2019	
6. A copy of this Stateme	nt has been mailed to the	corporation (applicable when agent	records statement).	
	I declare and affirm that I herein are true and correc	have examined this Statement of Chot.	nange of Registered Office, and that	
Name of the Registered Agent/Officer of the Corporation		ration	Date	
Dean G. Robinson, Esq.			6-5-19	
Signature of the Register	ed Agent/Officer of the Co	prporation		
MA	513	CN POCHMENT FERE		

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

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FORM 640A Revised, 04:2016