RI SOS Filing Number: 201996215890 Date: 6/10/2019 12:42:00 PM



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 <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:

| Entity ID Number   | 2. Exact Name of the Corporation         |                                   |   |
|--|--|-----------------------------------|---|
| 552275   | Langlois Wilkins Furtado & Metcalf, P.C. |                                   |   |
| 3. The address of the registe                                | red office as PRESENTLY show             | wn in the records on file with th | ne RI Department of State:                      |
| Street Address 670 Willett Av                                | enue                                     |                                   |   |
| City/Town East Providence                                    |  | State RHODE ISLAND                | Zip 02915                                       |
| 4. The address of the NEW re                                 | egistered office is:                     |                                   |   |
| Street Address (NQT a P.O. Box) 35 Highland Avenue           |  |                                   |   |
| City/Town East Providence                                    |  | State RHODE ISLAND                | <sup>Zip</sup> 02914                            |
| 5. Date when this Statement                                  | of Change of Registered Office           | will be effective. CHECK ONE      | BOX ONLY  |
| Date received (Upon filin                                    | ng)                                      |                                   | 4 0040  |
| ✓ Later effective date (Dat                                  | e must be no more than 30 day            | s from the date of filing)        | 1, 2019<br>———————————————————————————————————— |
| 6. A copy of this Statement ha                               | as been mailed to the corporati          | on (applicable when agent rec     | ords statement).                                |
| Under penalty of perjury, I de all statements contained here |  | mined this Statement of Chan      | ge of Registered Office, and that               |
| Name of the Registered Agent/Officer of the Corporation      |  |                                   | Date  |
| Dean G. Robinson, Esq.                                       |  |                                   | C-5-19  |
| Signature of the Registered A                                | gent/Officer of the Corporation          | (Ant. 1841 — 232)                 |   |

MAIL TO:

**Division of Business Services** 

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

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