



2019 JUL -3 PN-2: OLYIP

Statement of Change of Registered Office

DOMESTIC or FOREIGN Business Corporation

→ No Filing Fee

following statement for the	e purpose of changing its registered	office ONLY in the State of R	hode Island:
Entity ID Number	2. Exact Name of the Corporation		
117140	WICKFORD JUNCTION CONDOMINIUM ASSOCIATIO		
3. The address of the reg	gistered office as PRESENTLY show	wn in the records on file with th	ne RI Department of State:
Street Address 1 FINANC	CIAL PLAZA, STE. 1800		
City/Town PROVIDENCE		State RHODE ISLAND	^{Zip} 02903
4. The address of the NE			
Street Address (NOT a P.O. Box) 321 SOUTH MAIN STREET, 4th FLOOR			
City/Town PROVIDENCE		State RHODE ISLAND	Zip 02903
5. Date when this Statem	nent of Change of Registered Office	will be effective: CHECK ON	BOX ONLY
Date received (Upo	n filing)	•	
Later effective date (Date must be no more than 30 days from the date of filing)			
6. A copy of this Stateme	ent has been mailed to the corporati	on (applicable when agent rec	ords statement).
	I declare and affirm that I have exa herein are true and correct.	nmined this Statement of Chan	ge of Registered Office, and that
Name of the Registered Agent/Officer of the Corporation			Date
JEAN A. HARRINGTON, ESQ.			6/18/2019
Signature of the Register	red Agent/Officer of the Corporation SIGN DOC	UMENT HERE	

Pursuant to the provisions of RIGL <u>7-1.2-502</u> or <u>7-1.2-1409</u> the undersigned corporation submits the

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