



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

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 SECRETARY OF STATE  
 CORPORATIONS DIV

2019 AUG 21 PM 3:46P

**Statement of Change of Registered Office**

DOMESTIC or FOREIGN Non-Profit Corporation

→ No Filing Fee

Pursuant to the provisions of RIGL 7-6-13(d) or 7-6-78(d) the undersigned submits the following statement for the purpose of changing its registered office **ONLY** in the State of Rhode Island:

|  |                       |  |                    |
|--|-----------------------|--|--------------------|
| 1. Entity ID Number<br>88289   |                       | 2. Exact Name of the Corporation<br>Rhode Island Occupational Therapy Association, Inc |                    |
| 3. The address of the registered office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:  |                       |  |                    |
| Street Address<br>74 Smith Street  |                       |  |                    |
| City/Town<br>Lincoln   | State<br>RHODE ISLAND | Zip<br>02865   |                    |
| 4. The address of the <b>NEW</b> registered office is:   |                       |  |                    |
| Street Address (NOT a P.O. Box)<br>99 Mark Drive   |                       |  |                    |
| City/Town<br>North Kingstown   | State<br>RHODE ISLAND | Zip<br>02852   |                    |
| 5. Date when the Change of Registered Office will be effective: <b>CHECK ONE BOX ONLY</b>  |                       |  |                    |
| <input checked="" type="checkbox"/> Date received (Upon filing)  |                       |  |                    |
| <input type="checkbox"/> Later effective date (Date must be no more than 30 days from the date of filing) _____  |                       |  |                    |
| 6. A copy of this Statement has been mailed to the corporation (applicable when agent records statement).  |                       |  |                    |
| 7. If recorded by the corporation, the change was authorized by a resolution duly adopted by its board of directors.   |                       |  |                    |
| Under penalty of perjury, I declare and affirm that I have examined these Statement of Change of Registered Office, and that all statements contained herein are true and correct. |                       |  |                    |
| Name of the Registered Agent/President or Vice President of the Corporation<br>Kim M. Gilbert  |                       |  | Date<br>8/20/19    |
| Signature of the Registered Agent/President or Vice President of the Corporation<br><i>Kim M. Gilbert</i>  |                       |  | SIGN DOCUMENT HERE |

**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 STAMP  
 AUG 21 2019  
 BY *CK C237N*  
 3:48