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P.034/046

2019 SEP 25 A 11:49

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 7-1.2-602 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:

| | | | |
|---|--|--|------------------------|
| 1. Entity ID Number 000295836 | | 2. Exact Name of the Corporation DESIGN & RENOVATION, INC. | |
| 3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 85 DOUGLAS PIKE, SUITE 102 | | | |
| City/Town SMITHFIELD | | State RHODE ISLAND | Zip 02917 |
| 4. The address of the NEW registered office is: Street Address (NOT a P.O. Box) 1364 SMITH STREET | | | |
| City/Town NORTH PROVIDENCE | | State RHODE ISLAND | Zip 02911 |
| 5. Date when this Statement of Change of Registered Office will be effective: CHECK ONE BOX ONLY <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). <i>Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Registered Office, and that all statements contained herein are true and correct.</i> | | | |
| Name of the Registered Agent/Officer of the Corporation BEN ACETO, CPA | | | Date 9/27/19 |
| Signature of the Registered Agent/Officer of the Corporation <i>Ben Aceto</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**

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BY *KL*

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FORM 640A - Revised: 04/2018