



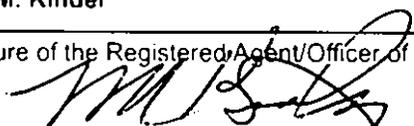
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 CORPORATIONS DIV.  
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**Statement of Change of Registered Office**

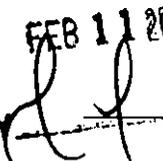
DOMESTIC or FOREIGN Business Corporation

→ 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:

1. Entity ID Number <b>000023901</b>	2. Exact Name of the Corporation <b>Meehan Fund, Inc.</b>	
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 <b>155 South Main Street Suite 300</b>		
City/Town <b>Providence</b>	State <b>RHODE ISLAND</b>	Zip <b>02903</b>
4. The address of the <b>NEW</b> registered office is: Street Address (NOT a P.O. Box) <b>155 South Main Street Suite 304</b>		
City/Town <b>Providence</b>	State <b>RHODE ISLAND</b>	Zip <b>02903</b>
5. Date when this Statement of 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). <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 <b>Ralph M. Kinder</b>	Date <b>2-3-20</b>	
Signature of the Registered Agent/Officer of the Corporation 		

**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**  
 FEB 11 2020  
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 FORM 642A - Revised 04/2019