



RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV
 2020 JUN - 8 PM 3:11

Statement of Change of Registered Office

DOMESTIC or FOREIGN ~~Business~~ Corporation

→ No Filing Fee

NP

7-6

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 <i>000075113</i>		2. Exact Name of the Corporation <i>Lymansville Neighborhood Association</i>	
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address <i>68 Greenville Avenue</i>			
City/Town <i>North Providence</i>	State RHODE ISLAND	Zip <i>02911</i>	
4. The address of the NEW registered office is:			
Street Address (NOT a P.O. Box) <i>19 Metcalf Avenue</i>			
City/Town <i>North Providence</i>	State RHODE ISLAND	Zip <i>02911</i>	
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 <i>Paula M. Cuculo</i>			Date <i>June 4, 2020</i>
Signature of the Registered Agent/Officer of the Corporation <i>Paula M. Cuculo, Reg. Agent</i>			

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
 JUN 08 2020
 BY *CA* 3:11