

State of Rhode Island

Department of State - Business Services Division

Statement of Change of Registered Office DOMESTIC or FOREIGN Non-Profit Corporation				STAN'E	
→ No Filing Fee				1010 OCT 23	(
Pursuant to the provisions of RIGL <u>7-6-13(d)</u> or <u>7-6-78(d)</u> the undersigned submits the following statement for the purpose of changing its registered office ONLY in the State of Rhode Island:				23 P	
Entity ID Number	Exact Name of the Corporation			بب	,
000688787	PechaKucha Providence				
3. The address of the register	ed office as PRESENTLY show	vn in the records on file with th	ne RI Departmer	nt of State:	
Street Address 49 Weybosset Ste	ret				
City/Town Providence		State RHODE ISLAND	Zip ₀₂₉₀₃		
4. The address of the NEW re			•		
Street Address (NQT a P.O. Box)	400 Westminster Street, Suite 200	0			
City/Town Providence		State RHODE ISLAND	Zip ₀₂₉₀₃		
5. Date when the Change of F	Registered Office will be effecti	ve: CHECK ONE BOX ONLY			
✓ Date received (Upon filin	g) e must be no more than 30 day	rs from the date of filing)			
6. A copy of this Statement ha	as been mailed to the corporati	on (applicable when agent rec	ords statement)	I.	
	ion, the change was authorized				
Under penalty of perjury, I de that all statements contained	clare and affirm that I have exa herein are true and correct.	mined these Statement of Ch	ange of Register	red Office, and	
Name of the Registered Agent/President or Vice President of the Corporation			Date		
Tobias Lederberg			10/20/2020		
Signature of the Registered A	gent/President or Vice Preside	nt of the Corporation	1		
					

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov OCT 23 2020

BY CM SAK89

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