Statement of Change of Registered Office DOMESTIC or FOREIGN Business Corporation

→ No Filing Fee			* * · · ·	
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	is of RIGL <u>7-1,2-502</u> or <u>7-1,2-1409</u> to the purpose of changing its registered			
1. Entity ID Number	2. Exact Name of the Corpor	2. Exact Name of the Corporation		
000020447	LES'S RICCOTTIS OF BRISTO	LES'S RICCOTTIS OF BRISTOL, INC.		
3. The address of the re	gistered office as PRESENTLY sho	own in the records on file with the	he RI Department of State:	
Street Address 133 WINV	WARD DRIVE			
City/Town PORTSMOUTH		State RHODE ISLAND	Zip 02871	
4. The address of the NI				
Street Address (<u>NOT</u> a PC	D. Box) 576 METACOM AVE, UNIT 2			
City/Town BRISTOL		State RHODE ISLAND	Zip 02809	
5. Date when this Stater	ment of Change of Registered Office	e will be effective: CHECK ON	E BOX ONLY	
✓ Date received (Upon	on filing)			
Later effective date	e (Date must be no more than 30 da	ays from the date of filing)		
6. A copy of this Stateme	ent has been mailed to the corporat	tion (applicable when agent red	cords statement).	
	y, I declare and affirm that I have exa d herein are true and correct.	amined this Statement of Char	nge of Registered Office, and that	
Name of the Registered Agent/Officer of the Corporation			Date	
KATHRYN M. HOWARTH			11-5-2020	
	ered Agent/Officer of the Corporation	n		
Kathyn	M. Howarth			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FORM 640A - Revised: 08/2020