



State of Rhode Island  
**Department of State - Business Services Division**

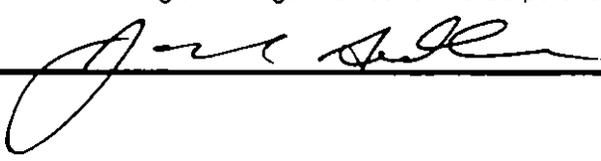
**Statement of Change of Registered Office**  
 DOMESTIC or FOREIGN Business Corporation

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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<br>000107471   |  | 2. Exact Name of the Corporation<br>Dosch King Company, Inc. |                   |
| 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 Sullivan & Sullivan, P.C; 1130 Ten Rod Road.  |  |  |                   |
| City/Town North Kingstown  |  | State <b>RHODE ISLAND</b>                                    | Zip 02852         |
| 4. The address of the <b>NEW</b> registered office is:   |  |  |                   |
| Street Address (NOT a P.O. Box) 65 Boston Neck Road  |  |  |                   |
| City/Town North Kingstown  |  | State <b>RHODE ISLAND</b>                                    | Zip 02852         |
| 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<br>James C. Sullivan, Esq., .  |  |  | Date<br>1/12/2021 |
| Signature of the Registered Agent/Officer of the Corporation<br>                                      |  |  |                   |

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

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