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## **Statement of Change of Registered Office**

DOMESTIC or FOREIGN Non-Profit Corporation

→ No Filing Fee

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:

1. Entity ID Number	2. Exact Name of the Corpora	2. Exact Name of the Corporation		
000028627	Providence Lodge #3 Fraternal Order of Police			
3. The address of the red	istered office as PRESENTLY show	vn in the records on file with t	he RI Department of State:	
Street Address 86 Weybosse				
City/Town Providence		State RHODE ISLAND	Zip 02903	
4. The address of the NE	W registered office is:			
Street Address ( <u>NOT</u> a P.O.	Box) 33 Broad Street, Suite 302			
City/Town Providence		State RHODE ISLAND	<sup>Zip</sup> 02903	
5. Date when the Change	e of Registered Office will be effecti	ve: CHECK ONE BOX ONLY		
✓ Date received (Upor	n filing)			
Later effective date	Date must be no more than 30 day	rs from the date of filing)		
6. A copy of this Stateme	nt has been mailed to the corporati	on (applicable when agent re	cords statement).	
7. If recorded by the corp	oration, the change was authorized	by a resolution duly adopted	by its board of directors.	
	I declare and affirm that I have exa ned herein are true and correct	mined these Statement of Ch	nange of Registered Office, and	
Name of the Registered Agent/President or Vice President of the Corporation  Date				
Joseph J. Pezza, Esq.			1/28/21	
Signature of the Register	ed Agent/President or Vice Preside	nt 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

