



State of Rhode Island

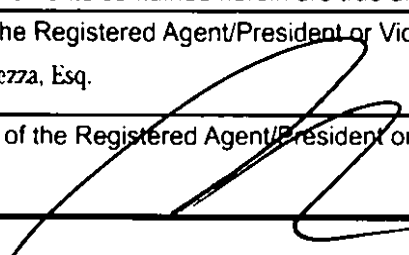
Department of State - Business Services Division

**Statement of Change of Registered Office**

DOMESTIC or FOREIGN Non-Profit Corporation

→ No Filing Fee

Pursuant to the provisions of RIGL 7-6-13(d) or 7-6-78(d) 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<br>000028627                                                                                                                                                                                                                                                                                  |  | 2. Exact Name of the Corporation<br>Providence Lodge #3 Fraternal Order of Police |                 |
| 3. The address of the registered office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:<br>Street Address 86 Weybosset Street, Suite 400                                                                                                                                        |  |                                                                                   |                 |
| City/Town Providence                                                                                                                                                                                                                                                                                              |  | State RHODE ISLAND                                                                | Zip 02903       |
| 4. The address of the <b>NEW</b> registered office is:<br>Street Address (NOT a P.O. Box) 33 Broad Street, Suite 302                                                                                                                                                                                              |  |                                                                                   |                 |
| City/Town Providence                                                                                                                                                                                                                                                                                              |  | State RHODE ISLAND                                                                | Zip 02903       |
| 5. Date when the Change of Registered Office will be effective: <b>CHECK ONE BOX ONLY</b><br><input checked="" type="checkbox"/> Date received (Upon filing)<br><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).                                                                                                                                                                                                         |  |                                                                                   |                 |
| 7. If recorded by the corporation, the change was authorized by a resolution duly adopted by its board of directors.<br><i>Under penalty of perjury, I declare and affirm that I have examined these Statement of Change of Registered Office, and that all statements contained herein are true and correct.</i> |  |                                                                                   |                 |
| Name of the Registered Agent/President or Vice President of the Corporation<br>Joseph J. Pezza, Esq.                                                                                                                                                                                                              |  |                                                                                   | Date<br>1/28/21 |
| Signature of the Registered Agent/President or Vice President 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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**FILED**

FEB 04 2021

BY 