

State of Rhode Island

**Department of State - Business Services Division** 

## Statement of Change of Registered Office

**DOMESTIC or FOREIGN Business Corporation** 

→ No Filing Fee

R.I. DEPT OF STATE BUS SYCS DIV

Pursuant to the provisions of RIGL <u>7-1,2-502</u> or <u>7-1,2-</u> following statement for the purpose of changing its reg		
1. Entity ID Number 2. Exact Name of the		
	earners, Inc	<b>-</b> -
3. The address of the registered office as PRESENT	LY shown in the records on file with t	he RI Department of State:
Street Address 225 Broad	NAM	
City/Town Providence	State RHODE ISLAND	Zip 02909
4. The address of the NEW registered office is:		
Street Address (NOT a P.O. Box) 370 Att	wood Avenue	
City/Town Cranston	State RHODE ISLAND	Zip 02920
5. Date when this Statement of Change of Registere	d Office will be effective: CHECK ON	E BOX ONLY
Date received (Upon filing)		· <del></del>
Later effective date (Date must be no more than	n 30 days from the date of filing)	
6. A copy of this Statement has been mailed to the co	orporation (applicable when agent rec	cords statement).
Under penalty of perjury, I declare and affirm that I had all statements contained herein are true and correct.		nge of Registered Office, and tha
Name of the Registered Agent/Officer of the Corpora		Z.17-202
Signature of the Tegistered Agent/Officer of the Gorp	poration	

MAIL TO:

**Division of Business Services** 

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

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED

FEB 19 2021

KL 12:00