RI SOS Filing Number: 202193627790 Date: 3/5/2021 9:42:00 AM

State of Rhode Island Department of State - Business Services Division
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Statement of Cha DOMESTIC or FORE	STAP F			
→ No Filing Fee	R.I. DEPT. BUS SY			
·	of RIGL <u>7-1.2-502</u> or <u>7-1.2-1409</u> to purpose of changing its registered	•	hode Island:	
1. Entity ID Number	2. Exact Name of the Corpora	2. Exact Name of the Corporation		
000917105	Entrepreneur Support Services,	Entrepreneur Support Services, Inc.		
3. The address of the reg	gistered office as PRESENTLY sho	wn in the records on file with th	ne RI Department of State:	
Street Address 960 Reserve	oir Ave, Suit 27			
City/Town Cranston		State RHODE ISLAND	Zip 02910	
4. The address of the NE	W registered office is:		·····	
Street Address (NOT a P.O.	. Box) 133 Verndale Ave			
City/Town Providence		State RHODE ISLAND	Zip 02905	
5. Date when this Statem	nent of Change of Registered Office	will be effective: CHECK ON	E BOX ONLY	
Date received (Upo	n filing)			
Later effective date	(Date must be no more than 30 da	ys from the date of filing)		
6. A copy of this Stateme	ent has been mailed to the corporat	ion (applicable when agent rec	ords statement).	
	I declare and affirm that I have exa herein are true and correct.	amined this Statement of Chan	ge of Registered Office, and that	
Name of the Registered Agent/Officer of the Corporation			Date	
Jessica Rhodes			2/28/2021	
Signature of the Register	red Agent/Officer of the Corporation	1	<u> </u>	
Jn	13m			

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

MAR \$ 2021

FORM 640A - Revised: 08/2020