



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

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 RI DEPT OF STATE  
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 2021 MAR 10 PM 12:13

**Statement of Change of Registered Office**

DOMESTIC or FOREIGN Business Corporation

→ No Filing Fee

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 1024133	2. Exact Name of the Corporation MEDICI PRODUCTS & SOLUTIONS, 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 3 POKANOKET TRAIL.		
City/Town WARREN	State RHODE ISLAND	Zip 02885
4. The address of the <b>NEW</b> registered office is: Street Address (NOT a P.O. Box) 59 TEAL DRIVE		
City/Town SOUTH KINGSTOWN	State RHODE ISLAND	Zip 02879
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) 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.		
Name of the Registered Agent/Officer of the Corporation CHRISTOPHER ROY	Date 12/14/20	
Signature of the Registered Agent/Officer 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

**FILED**  
 MAR 10 2021  
 BY A.A. 12:13pm.