City/Town North Kingstown	State RHODE ISLAND	Zip 02852
4. The address of the NEW registered office	is:	
Street Address (NOT a P.O. Box) 94 Bates Sch	ool House Road	
City/Town Exeter	State RHODE ISLAND	<sup>Zip</sup> 02822
5. Date when this Statement of Change of R	egistered Office will be effective: CHECK ON	E BOX ONLY
✓ Date received (Upon filing)		
Later effective date (Date must be no m	nore than 30 days from the date of filing)	
6. A copy of this Statement has been mailed	to the corporation (applicable when agent re-	cords statement).
	that I have examined this Statement of Chair	
Name of the Registered Agent/Officer of the Corporation		Date
Scott Labossiere		
Signature of the Registered Agent/Officer of	the Corporation	<u> </u>

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** 

JUN 0 1 2021

14 3:07

FORM 640A - Revised: 08/2020