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State of Rhode Island

Department of State - Business Services Division

RECEIVED R.I. DEPT. OF STATE BUS SVCS DIV

Statement of Change of Registered Office

DOMESTIC or FOREIGN Non-Profit Corporation

→ No Filing Fee

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1, Entity ID Number	2. Exact Name of the Cor	2. Exact Name of the Corporation			
000579392	Rhode Island Wome	Rhode Island Womens Lacrosse Umpire Association			
3. The address of the reg	istered office as PRESENTLY	shown in the records on file with t	he RI Department of State:		
Street Address 19 Castle [Drive				
City/Town Cranston		RHODE ISLAND	Zip 02920		
4. The address of the NE	W registered office is:				
Street Address (<u>NOT</u> a P.O.	Box) c/o Michael Forte, 2980 V	West Shore Road			
City/Town Warwick		State RHODE ISLAND	Zip 02886		
Date when the Change	e of Registered Office will be el	ffective: CHECK ONE BOX ONLY	,		
✓ Date received (Upor	n filing)				
Later effective date	(Date must be no more than 30	days from the date of filing)			
6. A copy of this Stateme	nt has been mailed to the corp	oration (applicable when agent re	cords statement).		
	1111	rized by a resolution duly adopted			
	I declare and affirm that I have ined herein are true and correc	e examined these Statement of Ch t.	nange of Registered Office, and		
Name of the Registered Agent/President or Vice President of the Corporation			Date		
Michael B. Forte, Jr.			6/1/2021		
Signature of the Register	red Agent/President or Vice Pre	esident 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

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