

Statement of Change of Registered Office

DOMESTIC or FOREIGN Business Corporation

→ No Filing Fee

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R.I. DEPT. OF STATE

BUS SVCS DIV AMP

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Pursuant to the provisions of R following statement for the purp		· ,	
1. Entity ID Number	2. Exact Name of the Corporation		
506367	Kosseifi Inc.		
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address RD. Ill paine ave			
Cranston.		State RHODE ISLAND	Zip 02921 02909
4. The address of the NEW registered office is:			
Street Address (NOT a P.O. Box)			
70 Burlingame RD.			
Cranston		State RHODE ISLAND	Zip 02921
5. Date when this Statement of Change of Registered Office will be effective: CHECK ONE BOX ONLY			
Date received (Upon filing)			
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 Agen	t/Officer of the Corporation	.	Date
Charbel Kossei Ci			6-9-2021
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 JUN 0 9 2021

IL 18:54

STAMP

