



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

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**Statement of Change of Registered Office**

DOMESTIC or FOREIGN Non-Profit Corporation

→ No Filing Fee

Pursuant to the provisions of RIGL 7-6-13(d) or 7-6-78(d) the undersigned submits the following statement for the purpose of changing its registered office **ONLY** in the State of Rhode Island:

1. Entity ID Number <b>540856</b>		2. Exact Name of the Corporation <b>Hombres y Mujeres de Valor -</b>	
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 <b>79 Clarence st - PO Box 3262</b>			
City/Town <b>Providence</b>		State <b>RHODE ISLAND</b>	Zip <b>02909</b>
4. The address of the <b>NEW</b> registered office is:			
Street Address (NOT a P.O. Box) <b>11 Cleveland st.</b>			
City/Town <b>West Warwick</b>		State <b>RHODE ISLAND</b>	Zip <b>02893</b>
5. Date when the 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).			
7. If recorded by the corporation, the change was authorized by a resolution duly adopted by its board of directors.			
Under penalty of perjury, I declare and affirm that I have examined these Statement of Change of Registered Office, and that all statements contained herein are true and correct.			
Name of the Registered Agent/President or Vice President of the Corporation <b>Liliana Dellana</b>			Date <b>07/08/2021</b>
Signature of the Registered Agent/President or Vice President of the Corporation <b>Liliana Dellana</b>			

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

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