



State of Rhode Island
Department of State - Business Services Division

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2021 JUL 21 PM 2:37

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 29502		2. Exact Name of the Corporation SOUTH PROVIDENCE HEBREW FREE LOAN ASSOCIATION	
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 400 RESERVOIR AVE. SUITE # LL-A			
City/Town PROVIDENCE		State RHODE ISLAND	Zip 02907
4. The address of the NEW registered office is:			
Street Address (NOT a P.O. Box) 2845 POST ROAD SUITE # 105			
City/Town WARWICK		State RHODE ISLAND	Zip 02886
5. Date when the Change of Registered Office will be effective: CHECK ONE BOX ONLY			
<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.			
<i>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.</i>			
Name of the Registered Agent/President or Vice President of the Corporation BARRY JAY SCHIFF : PRESIDENT			Date X 7/15/21
Signature of the Registered Agent/President or Vice President of the Corporation [Handwritten Signature]			

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BY **CU 3RX2Q**

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