

## Statement of Change of Registered Office

**DOMESTIC or FOREIGN Business Corporation** 

→ No Filing Fee

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS;DIV 171P
2021 AUG -6 P 2: 29

		109 the undersigned corporation subtered office ONLY in the State of R	
1. Entity ID Number	for the purpose of changing its registered office <i>ONLY</i> in the State of Rhode Island:  2. Exact Name of the Corporation		
001717483		RELOADED INC	
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State.			
Street Address 118 POWER RD			
City/Town PAWTUCKE	T	State RHODE ISLAND	Zip 02860
4. The address of the NEW registered office is:			
Street Address (NOT a P.O Box) 350 WOOD AVE			
City/Town WOOMS	DCKET	State RHODE ISLAND	Zip 02895
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 dec all statements contained here		e examined this Statement of Char	nge of Registered Office, and that
Name of the Registered Agent/Officer of the Corporation			Date
$\triangle$	Trin UCH	HB1A	Aug 6, 2021.
Signature of the Registered A	gent/Officer of the Corpor	ration	1

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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