



State of Rhode Island

Department of State - Business Services Division

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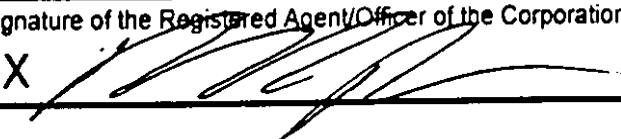
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Statement of Change of Registered Office

DOMESTIC or FOREIGN Business Corporation

→ No Filing Fee

Pursuant to the provisions of RIGL 7-1.2-502 or 7-1.2-1409 the undersigned corporation submits the following statement for the purpose of changing its registered office **ONLY** in the State of Rhode Island.

1. Entity ID Number 000304800	2. Exact Name of the Corporation B. BOYLE DESIGN, INC	
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:		
Street Address 999 MAIN STREET, SUITE 111		
City/Town PAWTUCKET	State RHODE ISLAND	Zip 02860
4. The address of the NEW registered office is:		
Street Address (<u>NOT</u> a P.O. Box) 74 ROME AVE		
City/Town PROVIDENCE	State RHODE ISLAND	Zip 02908
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 Agent/Officer of the Corporation BRIAN BOYLE		Date 11/5/21
Signature of the Registered Agent/Officer of the Corporation X 		

MAIL TO:

Division of Business Services

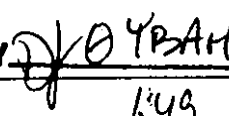
148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FILED

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BY 

FORM 640A - Revised 08/2020