



State of Rhode Island

Department of State - Business Services Division

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R.I. DEPT. OF STATE  
BUS SVCS DIV

2021 NOV -5 P 1:48

**Statement of Change of Registered Office**  
DOMESTIC or FOREIGN Business Corporation

St. .

→ 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 <b>000304800</b>	2. Exact Name of the Corporation <b>B. BOYLE DESIGN, INC</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>999 MAIN STREET, SUITE 111</b>		
City/Town <b>PAWTUCKET</b>	State <b>RHODE ISLAND</b>	Zip <b>02860</b>
4. The address of the <b>NEW</b> registered office is: Street Address ( <b>NOT</b> a P.O. Box) <b>74 ROME AVE</b>		
City/Town <b>PROVIDENCE</b>	State <b>RHODE ISLAND</b>	Zip <b>02908</b>
5. Date when this Statement of 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). <i>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.</i>		
Name of the Registered Agent/Officer of the Corporation <b>BRIAN BOYLE</b>		Date <b>11/5/21</b>
Signature of the Registered Agent/Officer of the Corporation <b>X</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](http://www.sos.ri.gov)

**FILED**

**NOV 05 2021**

BY 

FORM 640A - Revised 08/2020