



State of Rhode Island

Department of State - Business Services Division

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 000116046		2. Exact Name of the Corporation YARLAS KAPLAN SANTILLI & MORAN, LTD	
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 27 DRYDEN LANE			
City/Town PROVIDENCE	State RHODE ISLAND	Zip 02904	
4. The address of the NEW registered office is:			
Street Address (NOT a P.O. Box) 155 SOUTH MAIN ST, SUITE 100			
City/Town PROVIDENCE	State RHODE ISLAND	Zip 02903	
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).			
<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 JAMES A SINMAN		Date 11/23/2021	
Signature of the Registered Agent/Officer of the Corporation 			

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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BY