## Statement of Change of Registered Office

DOMESTIC or FOREIGN Business Corporation

→ No Filing Fee

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

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1. Entity ID Number	2. Exact Name of the Corpora	2. Exact Name of the Corporation		
1663660	Fresco Also, Inc.	Fresco Also, Inc.		
	stered office as PRESENTLY show	wn in the records on file with the	ne RI Department of State:	
Street Address 215 Broa	dway			
City/Town Providence		State RHODE ISLAND	<sup>Zip</sup> 02903	
4. The address of the NEV	N registered office is:	• • • • • • • • • • • • • • • • • • •	· ·	
Street Address (NOT a P.O. Box) One Center Place, Lower Level				
City/Town Providence		State RHODE ISLAND	<sup>Zip</sup> 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).				
	declare and affirm that I have examerein are true and correct.	nmined this Statement of Char	ge of Registered Office, and that	
Name of the Registered Agent/Officer of the Corporation			Date	
Timothy J. Dodd			5/23/22	
Signature of the Registere	Agent/Officer of the Corporation			
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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 FILED

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34.A. 12:00pm-

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