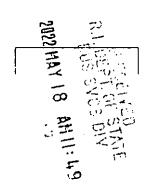
RI SOS Filing Number: 202218429310 Date: 6/9/2022 12:48:00 PM



## **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 t	he undersigned corporation su	bmits the
following statement for the purpose of changing its registered	d office ONLY in the State of R	hode Island:
Entity ID Number     2. Exact Name of the Corpor	ation	
000006898 E : M HOL	DINGS CORP.	
3. The address of the registered office as PRESENTLY shown in the records on file with the Rt Department of State:		
Street Address 39 E. HAIN RD		
PORTS MOUTH	State RHODE ISLAND	Zip 02871
4. The address of the NEW registered office is:		
Street Address (NOT a P.O. Box) 400 He CORRIE LN		
City/Town PORTSMOUTH	State RHODE ISLAND	Zip 02871
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		Date
ERNEST E. NASCIHEN	VTO	5-13-22
Signature of the Registered Agent/Officer of the Corporation		
Bro E Mascusento		
,		

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov # -9 PM 12: 48