RI SOS Filing Number: 202224749860 Date: 11/16/2022 2:23:00 PM



State of Rhode Island

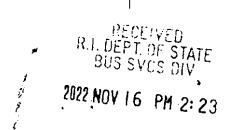
Department of State - Business Services Division

Pursuant to the provisions of RIGL 7-6-13(d) or 7-6-78(d) the undersigned submits the following

Statement of Change of Registered Office

DOMESTIC or FOREIGN Non-Profit Corporation

→ No Filing Fee



statement for the purpose of o	changing its registered office O	NLY in the State of Rhode Isla	ınd:
1. Entity ID Number	2. Exact Name of the Corporation		
485052	Swamp Meadow Community Theatre, Inc.		
3. The address of the registe	ered office as PRESENTLY sho	wn in the records on file with t	he RI Department of State:
Street Address 59A Balcom	Road, P.O. Box 213		
City/Town Foster		State RHODE ISLAND	^{Z_{ip}} 02825
4. The address of the NEW r	registered office is:		
Street Address (NOT a P.O. Box	^{x)} 2 Tray Hollow Road		
City/Town Foster		State RHODE ISLAND	^{Zip} 02825
5. Date when the Change of	Registered Office will be effect	ive: CHECK ONE BOX ONLY	
Date received (Upon fili	ng)		
Later effective date (Da	te must be no more than 30 da	ys from the date of filing)	
6. A copy of this Statement h	nas been mailed to the corporat	ion (applicable when agent red	cords statement).
7. If recorded by the corpora	tion, the change was authorize	d by a resolution duly adopted	by its board of directors.
	eclare and affirm that I have exe I herein are true and correct.	amined these Statement of Ch	ange of Registered Office, and
Name of the Registered Agent/President or Vice President of the Corporation Date			
l			11/14/22
Signature of the Registered	Agent/President or Vice President	ent of the Corporation	· · · · · · · · · · · · · · · · · · ·
Laurie	Agent/President or Vice President Mwyby		

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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