



State of Rhode Island

Department of State - Business Services Division

Statement of Change of Registered Office

DOMESTIC or FOREIGN Non-Profit Corporation

→ No Filing Fee

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 R.I. DEPT. OF STATE
 BUS SVCS DIV.

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 Pursuant to the provisions of RIGL 7-6-13(d) or 7-6-78(d) the undersigned submits the following statement for the purpose of changing its registered office **ONLY** in the State of Rhode Island:

1. Entity ID Number 485052		2. Exact Name of the Corporation Swamp Meadow Community Theatre, Inc.	
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 59A Balcom Road, P.O. Box 213			
City/Town Foster	State RHODE ISLAND	Zip 02825	
4. The address of the NEW registered office is:			
Street Address (NOT a P.O. Box) 2 Tray Hollow Road			
City/Town Foster	State RHODE ISLAND	Zip 02825	
5. Date when the Change of Registered Office will be effective: CHECK ONE BOX ONLY			
<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).			
7. If recorded by the corporation, the change was authorized by a resolution duly adopted by its board of directors.			
Under penalty of perjury, I declare and affirm that I have examined these Statement of Change of Registered Office, and that all statements contained herein are true and correct.			
Name of the Registered Agent/President or Vice President of the Corporation Laurie Murphy		Date 11/14/22	
Signature of the Registered Agent/President or Vice President of the Corporation <i>Laurie Murphy</i>			

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