



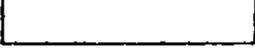
Statement of Change of Registered Office
 DOMESTIC or FOREIGN Non-Profit Corporation

→ No Filing Fee

RECEIVED
 RI DEPT. OF STATE
 BUSINESS SERVICES

2023 MAR 31 P 12:57

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 000026170		2. Exact Name of the Corporation LAFAYETTE MASONIC TEMPLE ASSOCIATION	
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 7 BUENA VISTA DRIVE			
City/Town CUMBERLAND		State RHODE ISLAND	Zip 02864
4. The address of the NEW registered office is:			
Street Address (NOT a P.O. Box) 39 EDITH STREET			
City/Town CUMBERLAND		State RHODE ISLAND	Zip 02864
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 David C Becker			Date 3/30/23
Signature of the Registered Agent/President or Vice President 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

FILED

MAR 31 2023
 BY **AA** 12:57 pm.