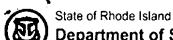
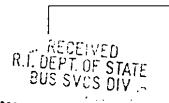
RI SOS Filing Number: 202332590820 Date: 4/7/2023 1:36:00 PM



## **Department of State - Business Services Division**



## Statement of Change of Registered Office

DOMESTIC or FOREIGN Non-Profit Corporation

→ No Filing Fee

2023 APR -7 PM 1: 36

| Pursuant to the provisions of RIGL <u>7-6-13(d)</u> or <u>7-6-78(d)</u> the statement for the purpose of changing its registered office <i>Oi</i>                                  |                    |             |
|--|--------------------|-------------|
| Entity ID Number 2. Exact Name of the Corporation ,  |                    |             |
| 000109845 The Philipand Better Ayour Foundation  |                    |             |
| 3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:   |                    |             |
| Street Address<br>414 Blackt STREET  |                    |             |
| City/Town PAWTU CLUT   | State RHODE ISLAND | 02841-1207  |
| 4. The address of the NEW registered office is:  |                    |             |
| Street Address (NOT a P.O. Box)  YOO Thames STREET   |                    |             |
| City/Town Newport  | RHODE ISLAND       | Zip 02840   |
| 5. Date when the 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).  |                    |             |
| 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 Philip A. AyouB  | of the Corporation | Date 4-5-23 |
|  |                    |             |
| 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

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| BY           |  |  |