



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

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

2023 APR 14 P 12:11 STAMP

FOR  
SECRETARY OF STATE  
USE ONLYPursuant 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 <b>883776</b>	2. Exact Name of the Corporation <i>Liberian Community Advocacy Union of Rhode Island (LCARI) (LCARI)</i>		
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address <i>807 BOWEN ST Suite 213 BOX 28</i>			
City/Town <i>Providence</i>	State <b>RHODE ISLAND</b>	Zip <i>02905</i>	
4. The address of the NEW registered office is:			
Street Address (NOT a P.O. Box) <i>16 Miller Avenue</i>			
City/Town <i>Providence</i>	State <b>RHODE ISLAND</b>	Zip <i>02905</i>	
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 <i>Nellie S. Francis</i>		Date <i>4/14/2023</i>	
Signature of the Registered Agent/President or Vice President of the Corporation <i>[Signature]</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

FILED STAMP

APR 14 2023

BY *KIDSX*

FORM 641A - Revised 12/2021