

Statement of Change of Registered Office

DOMESTIC or FOREIGN Non-Profit Corporation

→ No Filing Fee

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Pursuant to the provisions of RIGL <u>7-6-13(d)</u> or <u>7-6-78(d)</u> the undersigned submits the following statement for the purpose of changing its registered office <i>ONLY</i> in the State of Rhode Island:			
1. Entity ID Number	2. Exact Name of the Corporation		
149662	Calvary V	Norship Cer	Her INC.
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address (20	Prospect S	t PO BO	X 216
City/Town WOOM SO	CKET	RHODE ISLAND	Zip 02895
4. The address of the NEW registered office is:			
Street Address (NOT a P.O. Box) 120 PYOSpect St			
City/Town WOSM\S)CKE+	State RHODE ISLAND	zip 02895
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).			
 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 Date			
Valerie Congaler 6/5/23			
Signature of the Registered Agent/President or Vice President of the Corporation			
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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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FORM 641A - Revised 12/2021