



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

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.

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RI DEPT OF STATE  
BUS SVCS DIV  
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|   |                              |  |  |
|---|------------------------------|--|--|
| 1. Entity ID Number<br><b>000138477</b>   |                              | 2. Exact Name of the Corporation<br><b>Bellevue Square Condominium Association</b> |  |
| 3. The address of the registered office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:   |                              |  |  |
| Street Address <b>421 Bellevue Avenue 1B</b>  |                              |  |  |
| City/Town<br><b>Newport</b>   | State<br><b>RHODE ISLAND</b> | Zip <b>02840</b>   |  |
| 4. The address of the <b>NEW</b> registered office is:  |                              |  |  |
| Street Address ( <u>NOT</u> a P.O. Box) <b>1341 West Main Road Ste 11</b>   |                              |  |  |
| City/Town<br><b>Middletown</b>  | State<br><b>RHODE ISLAND</b> | Zip <b>02842</b>   |  |
| 5. Date when the Change of Registered Office will be effective: <b>CHECK ONE BOX ONLY</b>   |                              |  |  |
| <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.  |                              |  |  |
| <i>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.</i> |                              |  |  |
| Name of the Registered Agent/President or Vice President of the Corporation<br><b>Ana Lake</b>  |                              | Date<br><b>6/8/2021</b>  |  |
| Signature of the Registered Agent/President or Vice President of the Corporation<br>                   |                              |  |  |

## MAIL TO:

Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: [www.sos.ri.gov](http://www.sos.ri.gov)

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