



State of Rhode Island  
Department of State - Business Services Division



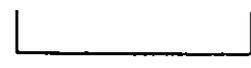
**Statement of Change of Registered Office**  
DOMESTIC or FOREIGN Non-Profit Corporation

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

2023 JUL 27 P 4:03

→ 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:



1. Entity ID Number 000799247		2. Exact Name of the Corporation THE GAIL SULLIVAN TENNIS CLASSIC, INC.	
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 4640 POST RD. APT. 8			
City/Town EAST GREENWICH	State RHODE ISLAND	Zip 02818	
4. The address of the <b>NEW</b> registered office is:			
Street Address (NOT a P.O. Box) 366 Garden City Dr.			
City/Town CRANSTON	State RHODE ISLAND	Zip 02920	
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 SHANNON SULLIVAN		Date 07/26/2023	
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 4:04  
JUL 27 2023  
BY 85D1Q  
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