



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

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R.I. DEPT. OF STATE
BUS SVCS DIV

2023 JUL 27 P 4:03

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 PRESENTLY 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 NEW 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: 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. <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

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BY 85D1Q
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