

RI DEPT. OF STATE  
BUS SVCS DIV



State of Rhode Island  
Department of State - Business Services Division

2023 SEP -5 P 2:36




**Statement of Change of Registered Office**  
DOMESTIC or FOREIGN Business Corporation

→ No Filing Fee

**STAMP**

FOR  
SECRETARY OF STATE  
USE ONLY

Pursuant to the provisions of RIGL 7-1.2-502 or 7-1.2-1409 the undersigned corporation submits the following statement for the purpose of changing its registered office **ONLY** in the State of Rhode Island.

|                                                                                                                                                                                          |                           |                                                                 |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-----------------------------------------------------------------|--|
| 1. Entity ID Number<br><b>509810</b>                                                                                                                                                     |                           | 2. Exact Name of the Corporation<br><b>Kitchen Mentors Inc.</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>36 Vermont Avenue Suite 4</b>                                                                                                                                          |                           |                                                                 |  |
| City/Town <b>Warwick</b>                                                                                                                                                                 | State <b>RHODE ISLAND</b> | Zip <b>02888</b>                                                |  |
| 4. The address of the <b>NEW</b> registered office is:                                                                                                                                   |                           |                                                                 |  |
| Street Address (NOT a P.O. Box) <b>655 Mendon Road</b>                                                                                                                                   |                           |                                                                 |  |
| City/Town <b>Cumberland</b>                                                                                                                                                              | State <b>RHODE ISLAND</b> | Zip <b>02864</b>                                                |  |
| 5. Date when this Statement of 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).                                                                                |                           |                                                                 |  |
| <i>Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Registered Office, and that all statements contained herein are true and correct.</i> |                           |                                                                 |  |
| Name of the Registered Agent/Officer of the Corporation<br><b>Marlene B. Marshall, Esq.</b>                                                                                              |                           | Date<br><b>8/30/2023</b>                                        |  |
| Signature of the Registered Agent/Officer of the Corporation<br>                                      |                           |                                                                 |  |

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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

SEP -5 2023  
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BY \_\_\_\_\_  
FOR  
SECRETARY OF STATE  
USE ONLY