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

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

2023 SEP -6 P 3: 20

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	2. Exact Name of the Corporation
0000 98491	MORNING STAR CHRISTIAN CENTER INC DBA MOTHER OF MERCY CATHOLIC CENTER

3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:

Street Address
195 UNIT ST

City/Town	State	Zip
PROVIDENCE	**RHODE ISLAND**	02909

4. The address of the NEW registered office is:

Street Address (NOT a P.O. Box)
310 SAYLES AVE APT. 203

City/Town	State	Zip
PAWTUCKET	**RHODE ISLAND**	02860

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).

7. 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
KATHLEEN A. LILLA	08-25-2023

Signature of the Registered Agent/President or Vice President of the Corporation

Kathleen A. Lilla

FILED

SEP - 6 2023

BY_____

FORM 641A - Revised 12/2021