



State of Rhode Island

Department of State - Business Services Division

**Statement of Change of Registered Office**

DOMESTIC or FOREIGN Business Corporation

→ No Filing Fee

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Pursuant to the provisions of RIGL 31-7-1 or 31-7-2 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>000064115                                                                                                                                                   |                       | 2. Exact Name of the Corporation<br>Organomed Corporation |                   |
| 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 11 Grandview St., Unit 8                                                                                                                                            |                       |                                                           |                   |
| City/Town<br>Coventry                                                                                                                                                              | State<br>RHODE ISLAND | Zip<br>02816                                              |                   |
| 4. The address of the <b>NEW</b> registered office is:                                                                                                                             |                       |                                                           |                   |
| Street Address (NOT a P.O. Box) 129 Holly Hills Lane                                                                                                                               |                       |                                                           |                   |
| City/Town<br>Saunderstown                                                                                                                                                          | State<br>RHODE ISLAND | Zip<br>02874                                              |                   |
| 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)<br><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).                                                                          |                       |                                                           |                   |
| 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.  |                       |                                                           |                   |
| Name of the Registered Agent/Officer of the Corporation<br>Dr. James N. Jacob                                                                                                      |                       |                                                           | Date<br>2-15-2024 |
| Signature of the Registered Agent/Officer of the Corporation<br><i>James N. Jacob</i>                                                                                              |                       |                                                           |                   |

**MAIL TO:**

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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FILE

