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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 BUSINESS 7-1.2-502

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
99657	SUSAN GERSHKOFF, ESQ., LTD.

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

Street Address		
132 OLD RIVER ROAD, STE 205		
City/Town: LINCOLN	State: **RHODE ISLAND**	Zip: 02865

4. The address of the **NEW** registered office is:

Street Address (NOT a P.O. Box)		
85 DOUGLAS PIKE, STE. 200		
City/Town: SMITHFIELD	State: **RHODE ISLAND**	Zip: 02917

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
SUSAN GERSHKOFF	03.27.2024

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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MAR 27 2024
BY 1726

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