

Statement of Change of Registered Office

DOMESTIC or FOREIGN Business Corporation

→ No Filing Fee

REC'D RIDOS BO

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

Entity ID Number	Exact Name of the Corporation		
37982	Fecteau Benefits Group, Inc.		
3. The address of the register	red office as PRESENTLY show	wn in the records on file with t	he RI Department of State:
Street Address 21 Agnes St	1.		
City/Town East Providence		State RHODE ISLAND	^{Zip} 02914
4. The address of the NEW re	egistered office is:	···	
Street Address (NOT a P.O. Box) 20 Morra Way			
City/Town Rumford		State RHODE ISLAND	^{Zip} 02916
5. Date when this Statement	of Change of Registered Office	will be effective: CHECK ON	E BOX ONLY
Date received (Upon filin Later effective date (Dat	ng) e must be no more than 30 day	ys 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 de all statements contained here		mined this Statement of Char	nge of Registered Office, and that
Name of the Registered Agent/Officer of the Corporation Date Date 1/8/24			Date 4 8 24
Signature of the Registered A	gent/Officer 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 FILED STAMP
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