



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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STATE OF RHODE ISLAND
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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 12575 | | 2. Exact Name of the Corporation Twin Willows, Inc. | |
| 3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State: | | | |
| Street Address 50 Park Row West Suite 111 | | | |
| City/Town Providence | State RHODE ISLAND | Zip 02903 | |
| 4. The address of the NEW registered office is: | | | |
| Street Address (NOT a P.O. Box) 50 Park Row West Suite 107 | | | |
| City/Town Providence | State RHODE ISLAND | Zip 02903 | |
| 5. Date when this Statement of Change of Registered Office will be effective: CHECK ONE BOX ONLY | | | |
| <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). | | | |
| 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 David K. Durigan | | Date 3/18/24 | |
| Signature of the Registered Agent/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

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