



State of Rhode Island Department of State - Business Services Division

Statement of Change of Registered Office

DOMESTIC or FOREIGN Business Corporation

→ No Filing Fee



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 1D Number	2. Exact Name of the Corpora	ation	
16663	WEN, INC.		
3. The address of the registe	red office as PRESENTLY sho	wn in the records on file with t	ne RI Department of State.
Street Address 50 Park Row West Suite 111			
City/Town Providence		State RHODE ISLAND	^{Z₁p} 02903
4. The address of the NEW re	egistered 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			
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).			
Under penalty of perjury, I de all statements contained here		amined this Statement of Char	ige of Registered Office, and that
Name of the Registered Agent/Officer of the Corporation Date			
Roberta M. Gardiner			
Signature of the Registered A	Agent/Officer of the Corporation	M/1/.	
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MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov 4:00

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