



State of Rhode Island  
 Department of State - Business Services Division

REC'D RID05:850  
 MAY 14 AM 11:33:27

**Statement of Change of Registered Office**

DOMESTIC or FOREIGN Non-Profit Corporation

→ No Filing Fee

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 001042040	2. Exact Name of the Corporation Fox Hollow Homeowners' Association, Inc.		
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 289 COWESETT AVENUE #14			
City/Town WEST WARWICK	State RHODE ISLAND	Zip 02893	
4. The address of the <b>NEW</b> registered office is:			
Street Address (NOT a P.O. Box) 498 MAIN STREET			
City/Town WARREN	State RHODE ISLAND	Zip 02885	
5. Date when the Change of Registered Office will be effective: <b>CHECK ONE BOX ONLY</b>			
<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).			
7. If recorded by the corporation, the change was authorized by a resolution duly adopted by its board of directors.			
<i>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.</i>			
Name of the Registered Agent/President or Vice President of the Corporation NICHOLAS BALZANO			Date 4/30/24
Signature of the Registered Agent/President or Vice President of the Corporation  On next page			

**FILED**

MAY 14 2024

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BY VF901  
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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

Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Registered Agent by the Corporation, and that all statements contained herein are true and correct.

Name of President/Vice President of the Corporation

Date

Nicholas Balzano

4.30.24

Signature of President/Vice President of the Corporation

*Nicholas Balzano, President*

**MAIL TO:**

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

**STAMP**

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PROVIDENCE, RI  
MAY 1 2024

FORM 641 - Revised: 01/2024