



State of Rhode Island
Department of State - Business Services Division

REC'D RID05-BSO
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 PRESENTLY 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 NEW 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: 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).			
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 NICHOLAS BALZANO			Date 4/30/24
Signature of the Registered Agent/President or Vice President of the Corporation On next page			

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

MAY 14 2024

BY VF901
A-E

11:33

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

RECEIVED
MAY 1 2024