



**State of Rhode Island**  
**Department of State - Business Services Division**

REC'D RIDG 850  
 14 MAY 16 PM 1:57:58

# Statement of Change of Registered Office

DOMESTIC or FOREIGN Business Corporation

→ No Filing Fee

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<br><b>001680929</b>                                                                                                                                            |                              | 2. Exact Name of the Corporation<br><b>OPEN CIRCLE, INC.</b> |  |
| 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<br><b>36 Washington St.</b>                                                                                                                                         |                              |                                                              |  |
| City/Town<br><b>Bristol</b>                                                                                                                                                        | State<br><b>RHODE ISLAND</b> | Zip<br><b>02809</b>                                          |  |
| 4. The address of the <b>NEW</b> registered office is:                                                                                                                             |                              |                                                              |  |
| Street Address (NOT a P.O. Box)<br><b>37 Elmwood Ave</b>                                                                                                                           |                              |                                                              |  |
| City/Town<br><b>Middletown</b>                                                                                                                                                     | State<br><b>RHODE ISLAND</b> | Zip<br><b>02842</b>                                          |  |
| 5. Date when this Statement of Change of Registered Office will be effective: <b>CHECK ONE BOX ONLY</b>                                                                            |                              |                                                              |  |
| <input checked="" type="checkbox"/> Date received (Upon filing)<br><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<br><b>Kaeli Sutton</b>                                                                                                     |                              | Date<br><b>5/16/24</b>                                       |  |
| Signature of the Registered Agent/Officer of the Corporation<br>                                                                                                                   |                              |                                                              |  |

## MAIL TO:

### Division of Business Services

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

Phone: (401) 222-3040

Website: [www.sos.ri.gov](http://www.sos.ri.gov)

**FILED**

**MAY 16 2024**

BY