



State of Rhode Island  
Department of State - Business Services Division

RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIV

2024 MAY 22 PM 2:51

**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>9648</b>                                                                                                                                                |                              | 2. Exact Name of the Corporation<br><b>D. Palmieri's Bakery, 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: <b>50 Park Row West Suite 111</b>                                                                                                                                 |                              |                                                                       |  |
| City/Town<br><b>Providence</b>                                                                                                                                                    | State<br><b>RHODE ISLAND</b> | Zip<br><b>02903</b>                                                   |  |
| 4. The address of the <b>NEW</b> registered office is:                                                                                                                            |                              |                                                                       |  |
| Street Address (NOT a P.O. Box) <b>50 Park Row West Suite 107</b>                                                                                                                 |                              |                                                                       |  |
| City/Town<br><b>Providence</b>                                                                                                                                                    | State<br><b>RHODE ISLAND</b> | Zip<br><b>02903</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)                                                                                                                   |                              |                                                                       |  |
| <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>Stephen D. Palmieri</b>                                                                                             |                              | Date<br><b>5/22/24</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 22 2024**  
**BY AA 2:51 p.m.**