

Statement of Change of Registered Office DOMESTIC or FOREIGN Non-Profit Corporation

→ No Filing Fee

Pursuant to the provisions of	RIGL <u>7-6-13(d)</u> or <u>7-6-78(d)</u> the	undersigned submits the follo	wing
etement for the purpose of changing its registered office ONLY in the State of Rhode Island: Entity ID Number 2. Exact Name of the Corporation			
001675828	Community Access Speech Therapy		
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 1006 Charles St. Suite 102			
City/Town North Providence		State RHODE ISLAND	^{Z₁p} 02904
4. The address of the NEW registered office is:			
Street Address (NOI a PO Box) 245 Legris Ave			
City/Town West Warvick		State RHODE ISLAND	^{Zip} 02893
5. Date when the 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).			
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			Date
Sarah Hamel			6/20/2024
Signature of the Registered Agent/President or Vice President of the Corporation			

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

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