



State of Rhode Island
Department of State - Business Services Division

REC'D RIDOS BSD
24 JUN 21 PM 3:12:33

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 001693983	2. Exact Name of the Corporation Orchid Montessori School	
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 877 BROADWAY		
City/Town EAST PROVIDENCE	State RHODE ISLAND	Zip 02914
4. The address of the NEW registered office is: Street Address (<u>NOT</u> a P.O. Box) 245 LEGRIS AVENUE		
City/Town WEST WARWICK	State RHODE ISLAND	Zip 02893
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.		
<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 Kathleen Rodrigues		Date 6/21/24
Signature of the Registered Agent/President or Vice President of the Corporation <i>Kathleen Rodrigues</i>		

MS FILED 312

JUN 21 2024

BY _____

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov