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State of Rhode Island
Department of State - Business Services Division

Statement of Change of Registered Office

DOMESTIC or FOREIGN Business Corporation

→ No Filing Fee

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Pursuant to the provisions of R	RIGL <u>7-1,2-502</u> or <u>7-1.2-1409</u> th	ne undersigned corporation su	bmits the	
Entity ID Number	ourpose of changing its registered office ONLY in the State of Rhode Island: 2. Exact Name of the Corporation			
66133	Phantom Food Corporation			
3. The address of the register	red office as PRESENTLY show	wn in the records on file with th	ne RI Department of State:	
Street Address c/o Robert L	Simmons, 50Abbott Rur	valley Rd U1601		
^{City/Town} Cumberland		State RHODE ISLAND	^{Zip} 02864	
4. The address of the NEW registered office is:				
Street Address (NOT a P.O. Box) c/o Robert L. Simmons, 9 Francis Street				
City/Town Warwick		State RHODE ISLAND	^{Zip} 02889	
5. Date when this Statement of 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).				
Under penalty of perjury, I dec all statements contained here		mined this Statement of Chan	ge of Registered Office, and that	
Name of the Registered Agent/Officer of the Corporation			Date	
Robert L. Simmons		July 22, 2024		
Signature of the Registered A	gent/Officer 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

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