



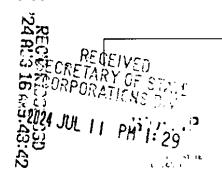
State of Rhode Island Department of State - Business Services Division

## Statement of Change of Registered Office

**DOMESTIC or FOREIGN Non-Profit Corporation** 

 $\rightarrow$  No Filing Fee

## **RI DOS MADE EDITS PER FILER**



1. Entity ID Number OOQO 38627  2. Exact Name of the Corporation QUONO CHAMPOG TRIMS (W)  3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State.  Street Address  So North Ave President State  City/Town Champog Box)  4. The address of the NEW registered office is:  Street Address (NOI are Box)  City/Town Champog Box)  State RHODE ISLAND  State RHODE ISLAND  State RHODE ISLAND  State RHODE ISLAND  Later effective date (Date must be no more than 30 days from the date of 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  Signature of the Registered Agent/President or Vice President of the Corporation  Signature of the Registered Agent/President or Vice President of the Corporation	Pursuant to the provisions of RIGL <u>7-6-13(d)</u> or <u>7-6-78(d)</u> the undersigned submits the following statement for the purpose of changing its registered office <i>ONLY</i> in the State of Rhode Island:	
Street Audress  City/Town  Charles John  State RHODE ISLAND  State RHODE ISLAND  The address of the NEW registered office is:  Street Address (NOI and Box)  State RHODE ISLAND  State RHODE ISLAND  City/Town  Charles John  State RHODE ISLAND  State RHODE ISLAND  State RHODE ISLAND  Later effective date (Date must be no more than 30 days from the date of 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  7/8/ax	1 Entity ID Number 2 Exact Name of the Corporation	
City/Town Charles Town State RHODE ISLAND Zip 02813  4. The address of the NEW registered office is:  Street Address (NOT and Box)  City/Town Charles for State RHODE ISLAND Zip F8  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  7/8/27	3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of States	
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Name of the Registered Agent/President or Vice President of the Corporation  Date  7/8/24	7. If recorded by the corporation, the change was authorized by a resolution duly adopted by its board of directors.	
Jannine Lesham 7/8/24		
Signature of the Registered Agent/President or Vice President of the Corporation	Jannine Lesham 7/8/ax	
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MAIL TO:

**Division of Business Services** 

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

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

FORM - 641A Revised: 01/2024

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