

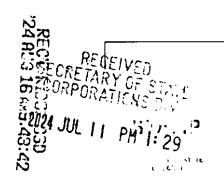
State of Rhode Island Department of State - Business Services Division

## **Statement of Change of Registered Office**

DOMESTIC or FOREIGN Non-Profit Corporation

→ No Filing Fee

## RI DOS MADE EDITS PER FILER



Pursuant to the provisions of RIGL <u>7-6-13(d)</u> or <u>7-6-78(d)</u> statement for the purpose of changing its registered office	•	¥ //
1 Entity ID Number 2 Exact Name of the Com		2 6
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of States		
Street Audress &O North AVE, FO	ADD IN	7.0.%年
City/Town ChARLESTOWN	State RHODE ISLAND	Zip 02813 500
4. The address of the NEW registered office is:		= 100
Street Address (NOT are Box) Box) Box Box Box Box Box Base RHODE ISLAND State RHODE ISLAND ZID R13		
City/Town ChAR/RS/BWA	State RHODE ISLAND	ZiP JR 13
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 a that all statements contained herein are true and correct.	examined these Statement of Ch	ange of Registered Office, and
Name of the Registered Agent/President or Vice President  Annine Lesham	nt of the Corporation	Date 7/8/24
Signature of the Registered Agent/President or Vice Pres	ident 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 FILED

FORM - 641A Revised: 01/2024

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