State of Rhode Island
Department of State - Business Services Division

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STAMP

Statement of Change of Registered Office

DOMESTIC or FOREIGN Business Corporation

→ No Filing Fee

Pursuant to the provisions of RIGL 7-1.2-502 or 7-1.2-1409 the undersigned corporation submits the following statement for the purpose of changing its registered office ***ONLY*** in the State of Rhode Island:

1. Entity ID Number	2. Exact Name of the Corporation
14059	STATEWIDE INSURANCE, INC.

3. The address of the registered office as **PRESENTLY** shown in the records on file with the RI Department of State:

Street Address			
253 Main Street			
City/Town: East Greenwich	State: **RHODE ISLAND**	Zip: 02818	

4. The address of the **NEW** registered office is:

Street Address (NOT a P.O. Box)			
253 Main Street			
City/Town: East Greenwich	State: **RHODE ISLAND**	Zip: 02818	

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 declare and affirm that I have examined this Statement of Change of Registered Office, and that all statements contained herein are true and correct.

Name of the Registered Agent/Officer of the Corporation	Date
JOHN D. BIAFORE, ESQ.	4/22/25

Signature of the Registered Agent/Officer of the Corporation

John D Biafore

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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FORM 640A - Revised 01/2024