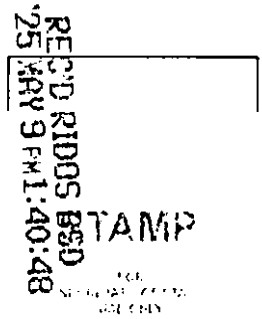




State of Rhode Island
Department of State - Business Services Division



Statement of Change of Registered Office

DOMESTIC or FOREIGN Non-Profit Corporation

→ No Filing Fee

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 001671899		2. Exact Name of the Corporation Lisa Rego Horne Memorial Foundation	
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 24 DONALD POTTER RD			
City/Town WESTERLY		State RHODE ISLAND	Zip 02891
4. The address of the NEW registered office is:			
Street Address (NOT a P.O. Box) 15 S Fairway Ave			
City/Town Westerly		State RHODE ISLAND	Zip 02891
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 Donald Horne			Date 04/17/25
Signature of President/Vice President 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

