

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 <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 <b>ONLY</b> in the State of Rhode Island: |                                  |                    |                |
|---|----------------------------------|--------------------|----------------|
| 1. Entity ID Number   | 2. Exact Name of the Corporation |                    |                |
| 000027581   | Otha Boone                       | Lodge #931         | I.B.P. O.E.G.W |
| 3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:  |                                  |                    |                |
| Street Address<br>32 Has Kins Street  |                                  |                    |                |
| City/Town<br>Providence   |                                  | State RHODE ISLAND | D2903          |
| 4. The address of the NEW registered office is:   |                                  |                    |                |
| Street Address (NOT a P.O. Box)  32 Haskins Street  |                                  |                    |                |
| City/Town<br>Providence   |                                  | State RHODE ISLAND | Zip<br>02903   |
| 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           |
| EDWIN M. WARREN   |                                  |                    | 5-15-2025      |
| Signature of the Registered Agent/President or Vice President of the Corporation  |                                  |                    |                |
| Edwin M. Lotonon XEX/eMer   |                                  |                    |                |

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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