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State of Rhode Island
Department of State - Business Services Division

Statement of Change of Registered Office

DOMESTIC or FOREIGN Business Corporation

→ No Filing Fee



Pursuant to the provisions of RIGL <u>7-1.2-502</u> or <u>7-1.2-1409</u> 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		
001763609 Assurance Inc		
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:		
Street Address 80 Orchard St.		
City/Town	State RHODE ISLAND	Zip 02 9 10
4. The address of the NEW registered office is:		
Street Address (NOT a P.O. Box) 39 Monton Drive		
City/Town Warwick	State RHODE ISLAND	Zip <i>D∂8</i> 88
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) 07/29/2025		
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
Joseph Cinaglia		06/30/2025
Signature of the Registered Agent/Officer of the Corporation		
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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

