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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 <i>ONLY</i> in the State of Rhode Island:			
	Exact Name of the Corporation		
	BUEY		TUC
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address ag A QUIDNEUX AV			
City/Town TipD) 8	crown	State RHODE ISLAND	ZIP 07842
4. The address of the NEW registered office is:			
Street Address (NOT a P.O. Box) 136 OLD Mill LANG			
City/Town PORTS	nooth	State RHODE ISLAND	zip 078-11
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  1 29 25			Date 7/29/25
Signature of the Registered Agent/Officer of the Corporation  P  T			

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov JUL 2 8-2025 AKP BY MBN23 234 FS