



State of Rhode Island  
Department of State - Business Services Division

REC'D RIDOS BSD  
25 SEP 18 PM 3:36:25

**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<br>000 542 600                                                                                                                                                                                                                                                                         |  | 2. Exact Name of the Corporation<br>Blessed Land Church |                    |
| 3. The address of the registered office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:<br>Street Address 1600 NEWPORT AVENUE                                                                                                                                            |  |                                                         |                    |
| City/Town PAWTUCKET                                                                                                                                                                                                                                                                                        |  | State RHODE ISLAND                                      | Zip 02861          |
| 4. The address of the <b>NEW</b> registered office is:<br>Street Address (NOT a P.O. Box) 192 Valley Street                                                                                                                                                                                                |  |                                                         |                    |
| City/Town Providence                                                                                                                                                                                                                                                                                       |  | State RHODE ISLAND                                      | Zip 02909          |
| 5. Date when the Change of Registered Office will be effective: <b>CHECK ONE BOX ONLY</b><br><input checked="" type="checkbox"/> Date received (Upon filing)<br><input type="checkbox"/> 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.<br>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<br>Melix de la Santa Borely                                                                                                                                                                                                    |  |                                                         | Date<br>09/18/2025 |
| Signature of the Registered Agent/President or Vice President of the Corporation<br>                                                                                                                                                                                                                       |  |                                                         |                    |

FILED 3:36 P

SEP 18 2025

BY

**MAIL TO:**

Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov