RI SOS Filing Number: 202578312440 Date: 9/18/2025 2:13:00 PM



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

MAIL TO:

Division of Business Services

Phone: (401) 222-3040 Website: www.sos.ri.gov

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

| Pursuant to the provisions of RIGL $7-6-13(d)$ or $7-6-78(d)$ the statement for the purpose of changing its registered office O | | |
|---|----------------------------------|---------------------------------|
| Entity ID Number 2. Exact Name of the Corporation | | |
| 001752311 M.F.H.L | | |
| 3. The address of the registered office as PRESENTLY sho | wn in the records on file with t | he RI Department of State: |
| Street Address 836 Social Street | | |
| City/Town WoohSocke + | State RHODE ISLAND | zip 02895 |
| 4. The address of the NEW registered office is: | | _ |
| Street Address (NOT a P.O. Box) ~ | Apt 129 | |
| City/Town Woon, Socket | State RHODE ISLAND | zip 02895 |
| 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 da | ys 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 ex- that all statements contained herein are true and correct. | amined these Statement of Ch | nange of Registered Office, and |
| Name of the Registered Agent/President or Vice President | of the Corporation | Date / 25 |
| Signature of the Registered Agent/President or Vice President | ent of the Corporation | |
| | | |

FORM 641A - Revised 12/2021

FILED