



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 CORPORATIONS DIV
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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 000029024	2. Exact Name of the Corporation Lifespan Diversified Services, Inc.
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 167 Point Street	
City/Town Providence	State RHODE ISLAND Zip 02903
4. The address of the NEW registered office is: Street Address (<u>NOT</u> a P.O. Box) 245 Chapman Street, Suite 200	
City/Town Providence	State RHODE ISLAND Zip 02905
5. Date when the Change of Registered Office will be effective: CHECK ONE BOX ONLY <input checked="" type="checkbox"/> Date received (Upon filing) <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.	
<i>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.</i>	
Name of the Registered Agent/President or Vice President of the Corporation Paul J. Adler	Date 1/16/19
Signature of the Registered Agent/President or Vice President of the Corporation 	

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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