



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

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 R.I. DEPT. OF STATE  
 BUS SVCS DIV

2023 MAR 22 PM 1:06

**STAMP**

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>000026552  |  | 2. Exact Name of the Corporation<br>Hope Lodge, No. 25, of Ancient, Free and Accepted Masons |                  |
| 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<br>794 MINISTERIAL ROAD                       |  |  |                  |
| City/Town<br><del>WAKEFIELD</del> WAKEFIELD   |  | State<br>RHODE ISLAND  | Zip<br>ZIP 02879 |
| 4. The address of the <b>NEW</b> registered office is:<br>Street Address (NOT a P.O. Box)<br>130 BREAKWATER ROAD  |  |  |                  |
| City/Town<br><del>WAKEFIELD</del> WAKEFIELD   |  | State<br>RHODE ISLAND  | Zip<br>ZIP 02879 |
| 5. Date when the Change of Registered Office will be effective: <b>CHECK ONE BOX ONLY</b>   |  |  |                  |
| <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<br>MARK W. MOORE  |  | Date<br>3/11/2023  |                  |
| Signature of the Registered Agent/President or Vice President of the Corporation<br><i>Mark W Moore</i>   |  |  |                  |

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BY: 473

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