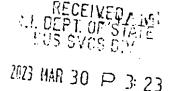
RI SOS Filing Number: 202332051420 Date: 3/30/2023 3:23:00 PM



Statement of Change of Registered Office

DOMESTIC or FOREIGN Business Corporation

→ No Filing Fee



Pursuant to the provisions of RIGL 7-1,2-502 or 7-1,2-1409 the undersigned corporation submits the following statement for the purpose of changing its registered office ONLY in the State of Rhode Island: 2. Exact Name of the Corporation 1. Entity ID Number 3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State: Street Address Zip City/Town **RHODE ISLAND** 4. The address of the NEW registered office is: Street Address (NOT a P.O. Box) State Zip City/Town RHODE ISL 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

MAIL TO:

Division of Business Services

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

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

3:23

FILED : (1).

FORM 640A - Revised: 12/2021