



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

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:

RECEIVED
 RI DEPT OF STATE
 BUSINESS SERVICES DIVISION
 MAY 24 12:00 PM '23

1. Entity ID Number 001022214	2. Exact Name of the Corporation HISTORIC CEDAR SPRINGS FARM MUSEUM INC.		
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 481 ATWOOD AVE			
City/Town CRAWSTON	State RHODE ISLAND	Zip 02920	
4. The address of the NEW registered office is:			
Street Address (NOT a P.O. Box) 663 ATWOOD AVE			
City/Town CRAWSTON	State RHODE ISLAND	Zip 02920	
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 MADIS SUVARI - Pres.			Date 5/24/2023
Signature of the Registered Agent/President or Vice President of the Corporation Madis Suvani			

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

W3 FILED 1211
 MAY 24 2023
 BY _____