State of Rhode Island and Providence Plantations
Department of State - Business Services Division
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 | **Email:** corporations@sos.ri.gov | **Website:** www.sos.ri.gov

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2016 MAY 31 PM 12: 21

Statement of Change of Resident Office
Limited Liability Company
No Filing Fee

Pursuant to the provisions of RIGL 7-16-11 the undersigned limited liability company submits the following statement for the purpose of changing its resident office in the State of Rhode Island:

1. Entity ID Number	2. Exact Name of the Limited Liability Company	
312481	**Greenway's Trucking, LLC**	
3. The address of the resident office as **PRESENTLY** shown in the records on file with the RI Department of State:		
Street Address **1119 Reservoir Avenue**		
City/Town **Cranston**	State **RHODE ISLAND**	Zip **02910**
4. The address of the **NEW** resident office is:		
Street Address (NOT a P.O. Box) **100 Metro Center Blvd**		
City/Town **Warwick**	State **RHODE ISLAND**	Zip **02886**
5. Date when this Statement of Change of Resident Office will be effective: CHECK ONLY ONE BOX		
☑ Date received (Upon filing)		
☐ Later effective date (Date must be no more than 30 days from the day of filing) _____		
Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Resident Office, and that all statements contained herein are true and correct.		
Name of the Resident Agent/Authorized Person of the Limited Liability Company **Anthony V. Ricci, CPA**		Date 5-25-2016
Signature of the Resident Agent/Authorized Person of the Limited Liability Company SIGN DOCUMENT HERE		

FILED
MAY 31 2016
By LE 12:21

Form No. 642A
Revised: 2016