



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

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 SECRETARY OF STATE  
 CORPORATIONS DIV.  
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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	
1339545		HARMONY TRANSPORT SERVICE LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 45 WAITE ST			
City/Town PROVIDENCE		State RHODE ISLAND	Zip 02908
4. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 32 RIVERVIEW DR			
City/Town CUMBERLAND		State RHODE ISLAND	Zip 02864
5. Date when this Statement of Change of Resident Office will be effective: CHECK ONLY ONE BOX			
<input checked="" type="checkbox"/> Date received (Upon filing)			
<input type="checkbox"/> Later effective date (Date must be no more than 30 days from the day of filing) _____			
<i>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.</i>			
Name of the Resident Agent/Authorized Person of the Limited Liability Company LAWRENCE TEMING - ANWARLO			Date 06/07/16
Signature of the Resident Agent/Authorized Person of the Limited Liability Company Lawrence Anwarlo SIGN DOCUMENT HERE			

FILED  
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 BY CR 9:43