



State of Rhode Island and Providence Plantations

**Department of State - Business Services Division**

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RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIV.  
2016 JUN 30 PM 12:07

**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	
950766		Princess Trucking LLC	
3. The address of the resident office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:			
Street Address 47 Murray St			
City/Town providence		State RHODE ISLAND	Zip 02909
4. The address of the <b>NEW</b> resident office is:			
Street Address (NOT a P.O. Box) 949 Branch Ave 1 Floor			
City/Town providence		State RHODE ISLAND	Zip 02904
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) _____			
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 Maria H Morales			Date 6/30/16
Signature of the Resident Agent/Authorized Person of the Limited Liability Company <i>Maria H Morales</i>			SIGN DOCUMENT HERE

FILED

JUN 30 2016

BY *CU* 12:07