



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

## Statement of Change of Office

DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

RECEIVED  
R.I. DEPT. OF STATE  
BUS SVCS DIV  
2018 OCT 31 AM 9:59

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 **ONLY** in the State of Rhode

|                                                                                                                                                                                                                  |                                                                                                      |                     |                           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|---------------------|---------------------------|
| 1. Entity ID Number<br><b>001660786</b>                                                                                                                                                                          | 2. Exact Name of the Limited Liability Company<br><b>H AND M Automobile and transportation L.L.C</b> |                     |                           |
| 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<br><b>68 Parkview drive #14, Pawtucket</b>                                                                                                                                                        |                                                                                                      |                     |                           |
| City/Town<br><b>Pawtucket</b>                                                                                                                                                                                    | State<br><b>RHODE ISLAND</b>                                                                         | Zip<br><b>02861</b> |                           |
| 4. The address of the <b>NEW</b> resident office is:                                                                                                                                                             |                                                                                                      |                     |                           |
| Street Address (NOT a P.O. Box)<br><b>154 Edgemere Rd</b>                                                                                                                                                        |                                                                                                      |                     |                           |
| City/Town<br><b>Pawtucket</b>                                                                                                                                                                                    | State<br><b>RHODE ISLAND</b>                                                                         | Zip<br><b>02861</b> |                           |
| 5. Date when this Statement of Change of Resident Office will be effective: <b>CHECK ONE BOX ONLY</b>                                                                                                            |                                                                                                      |                     |                           |
| <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) _____                                                                                                  |                                                                                                      |                     |                           |
| Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Resident Office by the Limited Liability Company, and that all statements contained herein are true and correct. |                                                                                                      |                     |                           |
| Name of Authorized Person of the Limited Liability Company<br><b>Folorunso Adeniyi</b>                                                                                                                           |                                                                                                      |                     | Date<br><b>10/31/2018</b> |
| Signature of Authorized Person of the Limited Liability Company<br><b>Adeniyi</b> SIGN DOCUMENT HERE                                                                                                             |                                                                                                      |                     |                           |

## MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

FILED

OCT 31 2018 9:59  
BY **KQNS**



State of Rhode Island and Providence Plantations  
**Department of State | Office of the Secretary of State**  
**Nellie M. Gorbea**, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island  
and Providence Plantations, hereby certify that this document, duly executed in  
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as  
amended, has been filed in this office on this day:

October 31, 2018 09:59 AM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea  
*Secretary of State*

