



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

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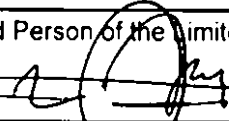
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Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

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 agent in the State of Rhode Island:


1. Entity ID Number 001694921		2. Exact Name of the Limited Liability Company RAM TRANSPORTATION LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 65 CARTER AVE APT 22			
City/Town PAWUCKET		State RHODE ISLAND	Zip 02861
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: FAYSSAL EL MOUJIBI			
5. The address of the NEW resident office is: Street Address (<u>NOT</u> a P.O. Box) 130 CENTRAL ST			
City/Town MANVILLE		State RHODE ISLAND	Zip 02838
6. The name of the NEW resident agent is: FARBA DIENE SARR			
7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONLY ONE BOX <input type="checkbox"/> Date received (Upon filing) <input checked="" type="checkbox"/> Later effective date (Date must be no more than 30 days from the day of filing) 02/01/2020			
Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Resident Agent by the Limited Liability Company, and that all statements contained herein are true and correct.			
Name of Authorized Person of the Limited Liability Company FARBA D SARR			Date 01/31/2020
Signature of Authorized Person of the Limited Liability Company  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

JAN 31 2020

BY  52m4J
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