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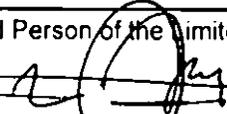
2020 JAN 31 AM 8:43

**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 <b>001694921</b>		2. Exact Name of the Limited Liability Company <b>RAM TRANSPORTATION LLC</b>	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address <b>65 CARTER AVE APT 22</b>			
City/Town <b>PAWUCKET</b>		State <b>RHODE ISLAND</b>	Zip <b>02861</b>
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: <b>FAYSSAL EL MOUJIBI</b>			
5. The address of the NEW resident office is: Street Address (NOT a P.O. Box) <b>130 CENTRAL ST</b>			
City/Town <b>MANVILLE</b>		State <b>RHODE ISLAND</b>	Zip <b>02838</b>
6. The name of the NEW resident agent is: <b>FARBA DIENE SARR</b>			
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) <b>02/01/2020</b>			
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 <b>FARBA D SARR</b>			Date <b>01/31/2020</b>
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 **CW 52M4J**  
**8:43**