



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

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 2020 FEB 25 A 10:44

Statement of Change of Registered Office
 DOMESTIC or FOREIGN Business Corporation

→ No Filing Fee

Pursuant to the provisions of RIGL 7-1.2-502 or 7-1.2-1409 the undersigned corporation submits the following statement for the purpose of changing its registered office **ONLY** in the State of Rhode Island.

1. Entity ID Number 1656991		2. Exact Name of the Corporation Safe Care Transportation Inc	
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State.			
Street Address 85 industrial circle			
City/Town Lincoln	State RHODE ISLAND	Zip 02865	
4. The address of the NEW registered office is:			
Street Address (NOT a P.O. Box) 106 tremont street			
City/Town Central Falls	State RHODE ISLAND	Zip 02869	
5. Date when this Statement of Change of Registered Office will be effective: CHECK ONE BOX ONLY			
☐ Date received (Upon filing)			
☐ Later effective date (Date must be no more than 30 days from the date of filing) _____			
6. A copy of this Statement has been mailed to the corporation (applicable when agent records statement).			
Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Registered Office, and that all statements contained herein are true and correct.			
Name of the Registered Agent/Officer of the Corporation Zuleyka Montero		Date 2-25-20	
Signature of the Registered Agent/Officer of the Corporation <i>Zuleyka Montero</i>			

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

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BY **KL 10:44**