



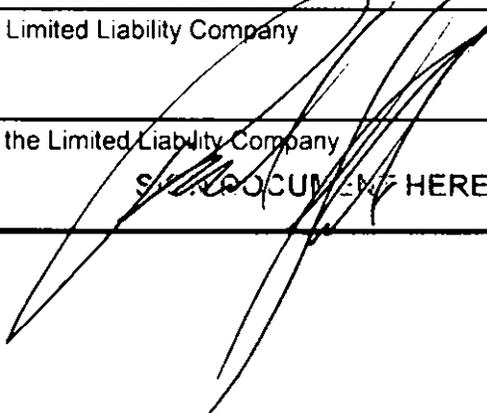
Statement of Change of Office
 DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

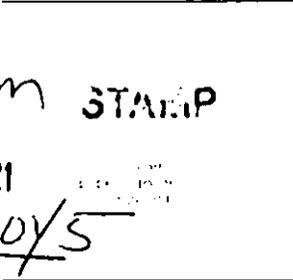
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 R.I. DEPT. OF STATE
 BUS SVCS DIV
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 DEPARTMENT OF STATE
 BUSINESS SERVICES DIVISION

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 001657968		2. Exact Name of the Limited Liability Company Rhode Island Truck Center, LLC.	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State.			
Street Address 1100 Warren Ave			
City/Town East Providence	State RHODE ISLAND	Zip 02914	
4. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 155 Amaral Street			
City/Town East Providence	State RHODE ISLAND	Zip 02915	
5. Date when this Statement of Change of Resident Agent 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) _____			
<i>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.</i>			
Name of Authorized Person of the Limited Liability Company Richard Shick		Date 05/20/2021	
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



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