



State of Rhode Island

Department of State - Business Services Division

**Statement of Change of Office**

DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

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><u>001668968</u>                                                                                                                                                                          |                              | 2. Exact Name of the Limited Liability Company<br><u>B.T. Trucking LLC</u> |                        |
| 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><u>460 W. 1st St.</u>                                                                                                                                                                          |                              |                                                                            |                        |
| City/Town<br><u>Portsmouth</u>                                                                                                                                                                                   | State<br><b>RHODE ISLAND</b> | Zip<br><u>02871</u>                                                        |                        |
| 4. The address of the <b>NEW</b> resident office is:                                                                                                                                                             |                              |                                                                            |                        |
| Street Address (NOT a P.O. Box)<br><u>55 Sloop Drive</u>                                                                                                                                                         |                              |                                                                            |                        |
| City/Town<br><u>Portsmouth</u>                                                                                                                                                                                   | State<br><b>RHODE ISLAND</b> | Zip<br><u>02871</u>                                                        |                        |
| 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 90 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><u>Jeffrey A. Vieira</u>                                                                                                                           |                              |                                                                            | Date<br><u>11/1/21</u> |
| Signature of Authorized Person of the Limited Liability Company<br><u>Jeffrey A. Vieira</u>                                                                                                                      |                              |                                                                            |                        |

**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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11/16/21  
12:08



State of Rhode Island

**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,  
  
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:

November 04, 2021 12:08 PM

A handwritten signature in blue ink, reading "Nellie M. Gorbea". The signature is fluid and cursive.

Nellie M. Gorbea  
*Secretary of State*

