



State of Rhode Island
Department of State - Business Services Division

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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 1656991		2. Exact Name of the Limited Liability Company Safe Care Transportation Inc	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 560 Prospect St APT 379			
City/Town Pawtucket		State RHODE ISLAND	Zip 02860
4. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 55 Plymouth St			
City/Town Providence		State RHODE ISLAND	Zip 02907
5. Date when this Statement of Change of Resident Office will be effective: CHECK ONE BOX ONLY			
<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) _____			
<i>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.</i>			
Name of Authorized Person of the Limited Liability Company Zuleyka Montero			Date 1-10-23
Signature of Authorized Person of the Limited Liability Company <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

JAN 12 2023

BY *[Signature]*

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