



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 <b>PRESENTLY</b> 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 <b>NEW</b> 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: <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) _____			
<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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