



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<br>001702299   |                       | 2. Exact Name of the Limited Liability Company<br>Jireh Transportation LLC |  |
| 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 15 HALL STREET  |                       |  |  |
| City/Town<br>PROVIDENCE  | State<br>RHODE ISLAND | Zip<br>02904   |  |
| 4. The address of the <b>NEW</b> resident office is:   |                       |  |  |
| Street Address (NOT a P.O. Box) 89 WASHINGTON AVE  |                       |  |  |
| City/Town<br>PROVIDENCE  | State<br>RHODE ISLAND | Zip<br>02905   |  |
| 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>Emanuel Siscardo   |                       | Date<br>1-12-2023  |  |
| Signature of Authorized Person of the Limited Liability Company<br><i>[Signature]</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

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BY ML XQ76K

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FORM 642A - Revised 12/2021



State of Rhode Island

**Department of State | Office of the Secretary of State**

**Gregg M. Amore**, *Secretary of State*

I, GREGG M. AMORE, 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:

January 12, 2023 04:05 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is written in a cursive style.

Gregg M. Amore  
*Secretary of State*

