



State of Rhode Island

Department of State - Business Services Division

**Statement of Change of Office**

DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

RECEIVED  
 STATE OF RHODE ISLAND  
 BUS SVCS DIV  
 2023 JAN 24 P 2:47

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><b>001731887</b>  |                              | 2. Exact Name of the Limited Liability Company<br><b>my truck &amp; trailer LLC</b> |                          |
| 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><b>689 Hopkins Hill Rd.</b>  |                              |   |                          |
| City/Town<br><b>West Greenwich</b>   | State<br><b>RHODE ISLAND</b> | Zip<br><b>02817</b>   |                          |
| 4. The address of the <b>NEW</b> resident office is:   |                              |   |                          |
| Street Address (NOT a P.O. Box)<br><b>22 Parsonage St, Suite 123</b>   |                              |   |                          |
| City/Town<br><b>Providence</b>   | State<br><b>RHODE ISLAND</b> | Zip<br><b>02903</b>   |                          |
| 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><b>KARL CAMILO</b>   |                              |   | Date<br><b>1-24-2022</b> |
| Signature of Authorized Person of the Limited Liability Company<br><i>Karl Camilo</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 24 2023**  
 BY **ML**  
**2:47**



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 24, 2023 02:47 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is fluid and cursive, with the first letters of each word being capitalized.

Gregg M. Amore  
*Secretary of State*

