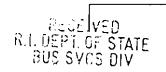
RI SOS Filing Number: 202326668870 Date: 1/25/2023 1:14:00 PM





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Statement of Change of Agent

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

Pursuant to the provisions of RIGL <u>7-16-11</u> the undersigned limited liability company submits the following statement for the purpose of changing its resident agent in the State of Rhode Island:			
1. Entity ID Number	2. Exact Name of the Limited Liability Company		
001693245	RI TRUCK AND OFFROAD LLC		
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 1434 CHALKSTONE AVE			
City/Town PROVIDENCE		State RHODE ISLAND	^{Z_{ip}} 02909
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State:			
ALEXANDER DICHIARO			
5. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 651 PUTNAM PIKE			
GREENVILLE		RHODE ISLAND	^{Zip} 02828
6. The name of the NEW resident agent is			
JONATHAN L UCRAN CPA			
7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONE BOX ONLY			
Date received (Upon filing)			
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 Agent by the Limited Liability Company, and that all statements contained herein are true and correct.			
Name of Authorized Person o	f the Limited Liability Company	1	Date
ALEXANDER DICHIARO)		1-21-23
Signature of Authorized Person of the Limited Liability Company			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

FORM 642 - Revised: 12/2021