



State of Rhode Island

Department of State - Business Services Division

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 R.I. DEPT. OF STATE  
 BUS SVCS DIV

2023 JAN 25 PM 1:11

**Statement of Change of Agent**

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

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 agent in the State of Rhode Island:

1. Entity ID Number 001693245		2. Exact Name of the Limited Liability Company RI TRUCK AND OFFROAD 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 1434 CHALKSTONE AVE			
City/Town PROVIDENCE		State RHODE ISLAND	Zip 02909
4. The name of the resident agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State: ALEXANDER DICHIAIRO			
5. The address of the <b>NEW</b> resident office is:			
Street Address (NOT a P.O. Box) 651 PUTNAM PIKE			
City/Town GREENVILLE		State RHODE ISLAND	Zip 02828
6. The name of the <b>NEW</b> resident agent is: JONATHAN L UCRAN CPA			
7. Date when this Statement of Change of Resident Agent 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 Agent by the Limited Liability Company, and that all statements contained herein are true and correct.			
Name of Authorized Person of the Limited Liability Company ALEXANDER DICHIAIRO			Date 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

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