



State of Rhode Island

Department of State - Business Services Division

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FOR
SECRETARY OF STATE
USE ONLY

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 001335203		2. Exact Name of the Limited Liability Company GD Transportation LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 3415 Mendon Road Unit 8			
City/Town Cumberland		State RHODE ISLAND	Zip 02864
4. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 651 Putnam Pike			
City/Town Greenville		State RHODE ISLAND	Zip 02828
5. Date when this Statement of Change of Resident Office will be effective: CHECK ONE BOX ONLY			
<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 Glenn Davis			Date 4/19/2023
Signature of Authorized Person of the Limited Liability Company <i>Glenn Davis</i>			

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

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