State of Rhode Island Department of State - Business Services	s Division	
Statement of Change of Office DOMESTIC or FOREIGN Limited Liability Compan → No Filing Fee	, B	RECEIVED DEPT. OF STATE US SYCS DIV
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 Island:		
1. Entity ID Number 2. Exact Name of the Limited Liability Company 1747533 0/Pr Load Tran SPST LLC 3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:		
Street Address 25 GOMINI DR. APHHZL City/Town State DLODE ISLAND Zip		
4. The address of the NEW resident office is:	State RHODE ISLAND	02914
Street Address (NOI a P.O. Box) 25 Centini DR APHH2L City/Town Zip		
Eqst PREVIDENCE 5. Date when this Statement of Change of Resident Office v	State RHODE ISLAND	Zip 02914 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 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		Date 4/26/23
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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FORM 642A - Revised: 4/2023

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:

April 26, 2023 03:38 PM

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Gregg M. Amore Secretary of State

