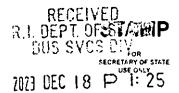


## **Statement of Change of Office**

**DOMESTIC or FOREIGN Limited Liability Company** 

→ No Filing Fee



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 office *ONLY* in the State of Rhode Island:

Entity ID Number	2. Exact Name of the Limited Liability Company		
001765120	Smith and Ellis 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 1370 EDDY STREET			
City/Town PROVIDENCE		State RHODE ISLAND	<sup>Zip</sup> 02905
4. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 166 Valley St Bld9 6M Ste 103			
City/town		State RHODE ISLAND	zip 02909
5. Date when this Statement of Change of Resident Office 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 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
JONATHAN SMITH			12/18/2023
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 FILED

DEC 18 2023

**STAMP** 

SECRETARY OF STA