RI SOS Filing Number: 202443954960 Date: 1/12/2024 11:41:00 AM



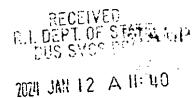
## State of Rhode Island

**Department of State - Business Services Division** 

## **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: 2. Exact Name of the Limited Liability Company 1. Entity ID Number 001658690 RUK SHIPPING LINE, LLC 3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State: Street Address re sign City/Town Zip RHODE ISLAND 4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: 5. The address of the NEW resident office is: Street Address (NOT a P.O. Box) 69 HARRISON STREET <sup>Zip</sup> 02864 City/Town State CUMBERLAND RHODE ISLAND 6. The name of the NEW resident agent is: RUDOLPH KAMARA 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 of the Limited Liability Company Date 01/10/2024 RUDOLPH KAMARA 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 JAN 1 2 2024 PAR P