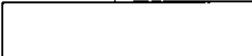




State of Rhode Island
Department of State - Business Services Division



Statement of Change of Office

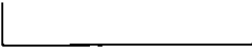
DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

RECEIVED STAMP
R.I. DEPT. OF STATE
BUS SVCS DIVISION

2024 JAN 22 P 1:29

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 001718989		2. Exact Name of the Limited Liability Company OSTO LOGISTICS LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 675 WOODWARD ROAD			
City/Town NORTH PROVIDENCE	State RHODE ISLAND	Zip 02904	
4. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 533 ADMIRAL STREET			
City/Town PROVIDENCE	State RHODE ISLAND	Zip 02908	
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) _____			
<i>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.</i>			
Name of Authorized Person of the Limited Liability Company Sunday Timothy Olokan		Date 01/19/2024	
Signature of Authorized Person of the Limited Liability Company Sunday Olokan			

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

1:29

FILED
STAMP
JAN 22 2024
BY ML