



State of Rhode Island
Department of State - Business Services Division


Statement of Change of Office

DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

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RI DEPT. OF STATE
BUS SVCS DIV.
2024 JAN 23 A 11:45

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 000795292		2. Exact Name of the Limited Liability Company ADOMEY XPRESS SERVICES, LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 145 COTTAGE STREET, APT 9			
City/Town PAWTUCKET		State RHODE ISLAND	Zip 02860
4. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 10 HEATH STREET			
City/Town RIVERSIDE		State RHODE ISLAND	Zip 02915
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 ANOUMOU K ADOMEY			Date 01/19/2024
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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FILED 1145
STAMP
JAN 23 2024
BY KQRTS