

Statement of Change of Registered Office

DOMESTIC or FOREIGN Business Corporation

→ No Filing Fee

TA REC'D RIDOS

Pursuant to the provisions of RIGL <u>7-1.2-502</u> or <u>7-1,2-1409</u> the undersigned corporation submits the following statement for the purpose of changing its registered office *ONLY* in the State of Rhode Island:

1. Entity ID Number	2. Exact Name of the Corporation		
001743810	A&S TRANSPORTATION SVCS CORP.		
3. The address of the register	ed office as PRESENTLY show	wn in the records on file with th	e RI Department of State:
Street Address 82 EMMETT	STREET		
City/Town CENTRAL FALLS		State RHODE ISLAND	^{Zip} 02863
4. The address of the NEW re	gistered office is:		
Street Address (NOT a P.O. Box) 6 SPRINGFIELD AVE			
City/Town JOHNSTON		State RHODE ISLAND	^{Zip} 02919
5. Date when this Statement of	of Change of Registered Office	will be effective: CHECK ONE	BOX ONLY
Date received (Upon filin	ng) e must be no more than 30 day	ys from the date of filing)	·
6. A copy of this Statement ha	s been mailed to the corporati	on (applicable when agent rec	ords statement).
Under penalty of perjury, I dec all statements contained here		mined this Statement of Chan	ge of Registered Office, and that
Name of the Registered Agent/Officer of the Corporation			Date
LESLI N. SANABRIA			03/22/24
Signature of the Registered A	gent/Officer of the Corporation	1	
x1,5/i San	abilia		

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov MAR 27 2024 A DYN.
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