



State of Rhode Island  
Department of State - Business Services Division

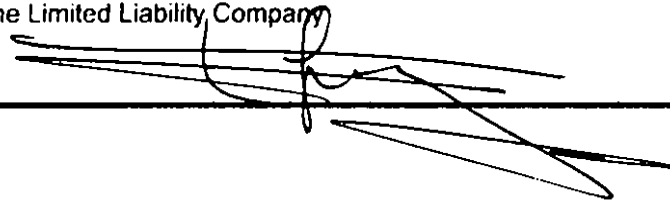
REC'D RIDOS BSD  
24 MAY 1 AM 11:19:16

## Statement of Change of Office

DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

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<br>001683984                                                                                                                                                                                 |                       | 2. Exact Name of the Limited Liability Company<br>ACD TRANSPORT & DELIVERY SYSTEM LLC |  |
| 3. The address of the resident office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:                                                                                          |                       |                                                                                       |  |
| Street Address 659 BROADWAY                                                                                                                                                                                      |                       |                                                                                       |  |
| City/Town<br>PAWTUCKET                                                                                                                                                                                           | State<br>RHODE ISLAND | Zip<br>02860                                                                          |  |
| 4. The address of the <b>NEW</b> resident office is:                                                                                                                                                             |                       |                                                                                       |  |
| Street Address (NOT a P.O. Box) 10 HEATH STREET                                                                                                                                                                  |                       |                                                                                       |  |
| City/Town<br>RIVERSIDE                                                                                                                                                                                           | State<br>RHODE ISLAND | Zip<br>02915                                                                          |  |
| 5. Date when this Statement of Change of Resident Office will be effective: <b>CHECK ONE BOX ONLY</b>                                                                                                            |                       |                                                                                       |  |
| <input checked="" type="checkbox"/> Date received (Upon filing)<br><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<br>ANOUMOU K ADOMEY                                                                                                                                   |                       | Date<br>04/30/2024                                                                    |  |
| Signature of Authorized Person of the Limited Liability Company<br>                                                          |                       |                                                                                       |  |

### MAIL TO:

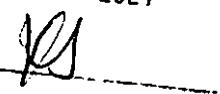
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

FILED

1120

MAY X I 2024

BY





State of Rhode Island

**Department of State | Office of the Secretary of State**

**Gregg M. Amore**, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,  
hereby certify that this document, duly executed in accordance with the provisions  
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

May 01, 2024 11:20 AM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Gregg M. Amore  
*Secretary of State*

