



State of Rhode Island
Department of State - Business Services Division


REC'D RIDGSD BSD
24 MAY 16 PM 3:12:05

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 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 10 HEATH STREET			
City/Town RIVERSIDE	State RHODE ISLAND	Zip 02915	
4. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 60 NORTON STREET			
City/Town PAWTUCKET	State RHODE ISLAND	Zip 02860	
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 ANOUMOU K ADOMEY		Date 05/16/2024	
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

MB FILED *312*
MAY 16 2024
BY _____