



State of Rhode Island  
Department of State - Business Services Division

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SECRETARY OF STATE  
CORPORATIONS DIV

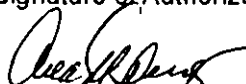
2024 SEP -9 AM 11:36

## 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:

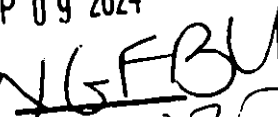
1. Entity ID Number <b>001724344</b>		2. Exact Name of the Limited Liability Company <b>LS Logistic LLC</b>	
3. The address of the resident office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:			
Street Address <b>1358 Narragansett Boulevard</b>			
City/Town <b>Cranston</b>	State <b>RHODE ISLAND</b>	Zip <b>02905</b>	
4. The address of the <b>NEW</b> resident office is:			
Street Address ( <u>NOT</u> a P O Box) <b>19 Hopkins Hill Road</b>			
City/Town <b>West Greenwich</b>	State <b>RHODE ISLAND</b>	Zip <b>02817</b>	
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)			
<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 <b>Ana Perez</b>		Date <b>7/29/2024</b>	
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](http://www.sos.ri.gov)

**FILED**

SEP 09 2024

BY   
1133



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:

September 09, 2024 11:37 AM

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

Gregg M. Amore  
*Secretary of State*

