



State of Rhode Island
Department of State - Business Services Division

REC'D RIDDS BSD
 25 FEB 13 AM 8:58:49

Statement of Change of Agent
DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$20.00

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 agent in the State of Rhode Island:

1. Entity ID Number 001780521	2. Exact Name of the Limited Liability Company E1 vecino transportation LLC
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:	
Street Address 47 WOOD AVENUE SUITE 2	
City/Town BARRINGTON	State RHODE ISLAND Zip 02806
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: REGISTERED AGENTS, INC.	
5. The address of the NEW resident office is:	
Street Address (NOT a P.O. Box) 25 HYMER ST	
City/Town Providence	State RHODE ISLAND Zip 02908
6. The name of the NEW resident agent is: RAMON DE JESUS	
7. Date when this Statement of Change of Resident Agent 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 Agent 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 RAMON DE JESUS	Date 02/13/2025
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

FILED 8:58
FEB 13 2025
BY CB63A