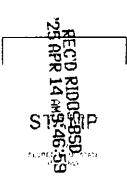
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State of Rhode Island Department of State - Business Services Division



Statement of Change of Office

DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

Pursuant to the provisions of RIGL <u>7-16-11</u> the undersigned limited liability company submits the following statement for the purpose of changing its resident office **ONLY** in the State of Rhode Island:

Entity ID Number	Exact Name of the Limited Liability Company		
001751679	OSA Transportation UC		
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 77 Hamlet Hue			
city/Town Wloonsockef		State RHODE ISLAND	zip 62895
4. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 77 Hamlet Ave, APT 1			
City/Town Woon8ccket		State RHODE ISLAND	Zip 02895
5. Date when this Statement of Change of Resident Office will be effective: CHECK ONE BOX ONLY			
Date received (Upon filing)			
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			Date 04/14/2025
12EDONMUEN OSADOLOR			
Signature of Authorized Person of the Limited Liability Company			
Esutter-			

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov APR 14 2025 BY E9RXB 414119 946 KJ RI SOS Filing Number: 202569972330 Date: 4/14/2025 9:46:00 AM



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:

April 14, 2025 09:46 AM

Gregg M. Amore Secretary of State

Tregs M. Coure

