



State of Rhode Island  
Department of State - Business Services Division

REC'D RI SOS  
25 MAY 1 PM 3:46:00  
MP  
STATE OF RHODE ISLAND  
DEPT. OF STATE

## 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><i>001726885</i>                                                                                                                                                                          |                              | 2. Exact Name of the Limited Liability Company<br><i>Worldwide FUELLING</i> |                           |
| 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<br><i>141 SHAW PIKE</i>                                                                                                                                                                           |                              |                                                                             |                           |
| City/Town<br><i>JOHNS TOWN</i>                                                                                                                                                                                   | State<br><b>RHODE ISLAND</b> | Zip<br><i>02919</i>                                                         |                           |
| 4. The address of the <b>NEW</b> resident office is:                                                                                                                                                             |                              |                                                                             |                           |
| Street Address (NOT a P.O. Box)<br><i>141 SHAW PIKE</i>                                                                                                                                                          |                              |                                                                             |                           |
| City/Town<br><i>JOHNS TOWN</i>                                                                                                                                                                                   | State<br><b>RHODE ISLAND</b> | Zip<br><i>02919</i>                                                         |                           |
| 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) _____                                                                                                  |                              |                                                                             |                           |
| 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><i>MARK HOWKINS</i>                                                                                                                                |                              |                                                                             | Date<br><i>05-01-2025</i> |
| Signature of Authorized Person of the Limited Liability Company<br><i>[Signature]</i>                                                                                                                            |                              |                                                                             |                           |

FILED

### 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)

MAY 01 2025  
BY *346* *90* TAMP  
*346* *KJ*



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, 2025 03:46 PM

A handwritten signature in black ink, reading "Gregg M. Amore".

Gregg M. Amore  
*Secretary of State*

