



State of Rhode Island  
Department of State - Business Services Division

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FOR  
SECRETARY OF STATE  
USE ONLY

### Statement of Change of Office

DOMESTIC or FOREIGN Limited Liability Company

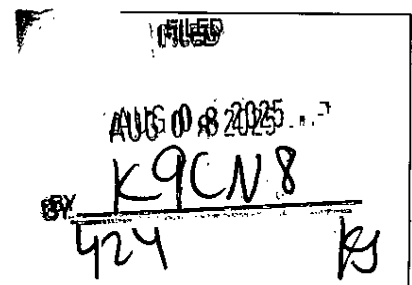
→ No Filing Fee

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><b>1742792</b>  |  | 2. Exact Name of the Limited Liability Company<br><b>JAJA Transportation 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<br><b><del>1024 Willett Ave</del> 15 HODDER ST 1 Rear</b>   |  |  |                                      |
| City/Town<br><b><del>Riverside</del> Providence</b>  |  | State<br><b>RHODE ISLAND</b>   | Zip<br><b><del>02915</del> 02908</b> |
| 4. The address of the <b>NEW</b> resident office is:   |  |  |                                      |
| Street Address (NOT a P.O. Box)<br><b>1024 Willett Ave</b>   |  |  |                                      |
| City/Town<br><b>Riverside</b>  |  | State<br><b>RHODE ISLAND</b>   | Zip<br><b>02915</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) _____  |  |  |                                      |
| 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><b>Hector A. Galvan</b>  |  |  | Date<br><b>8-8-25</b>                |
| Signature of Authorized Person of the Limited Liability Company<br><b>Hector A. Galvan</b>   |  |  |                                      |

#### MAIL TO:

Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov





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:

August 08, 2025 04:24 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is written in a cursive style.

Gregg M. Amore  
*Secretary of State*

