

Filing Fee: \$20.00

ID Number: 151187



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**

Office of the Secretary of State  
Corporations Division  
148 W. River Street  
Providence, Rhode Island 02904-2615

**LIMITED LIABILITY COMPANY**

**STATEMENT OF CHANGE OF RESIDENT AGENT**

Pursuant to the provisions of Section 7-16-11 of the General Laws, 1956, as amended, the undersigned authorizes a change of its resident agent and the address of its resident agent in the state of Rhode Island as follows:

- The name of the limited liability company is:  
Ricci Furniture & Bedding, LLC
- The address of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:  
618 MAIN ST COVENTRY RI 02816
- The NEW address of the resident agent is:  
770 MAIN ST W. WARWICK RI 02893
- The name of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:  
Liberato Ricci
- The name of the NEW resident agent is:  
SAME
- The appointment of a new resident agent and the change of address of the resident agent, as the case may be, shall become effective upon the filing of this statement.

Under penalty of perjury, I declare that the information contained herein is true and correct.

Date: 9/24/07

Liberato Ricci  
Print Name of Limited Liability Company

[Signature]  
Signature of Authorized Person

**FILED**  
OCT 03 2007 11:14  
BY KMC

**INSTRUCTIONS FOR FILING**

1. Prior to submitting the statement for filing, it is recommended that you call the Corporations Division at (401) 222-3040 to verify that the information required in Items 2 and 4 of the preceding form currently appears in the records of the Secretary of State. If the information is inconsistent with the records of this office, the statement will be returned.
2. It is required by law to provide a street address in item 3 of the preceding form in order to provide the public with notice of a physical location at which process, notice or demand required or permitted by law may be served on the resident agent. A statement submitted with a post office box address only will not be accepted for filing.
3. The statement must be signed on behalf of the limited liability company by an authorized person which authorizes the change.
4. The fee for filing the Statement of Change of Resident Agent is \$20.00, and payment should be made payable to the Rhode Island Secretary of State.

**NOTE:** *If a resident agent's address is changed to another address in this state, the resident agent may change the address by completing the statement below instead of the preceding form. This statement must be signed by the resident agent, or on the resident agent's behalf, and submitted for filing, without fee. Again, it is recommended that you call the Corporations Division prior to submitting the Statement to verify that the information required in item 2 below currently appears in the records of the Secretary of State. As required by law, you must provide a street address in item 3 below.*

No Filing Fee

ID Number: \_\_\_\_\_

**STATEMENT OF CHANGE OF ADDRESS  
OF THE RESIDENT AGENT**

Pursuant to the provisions of Section 7-16-11(c)(1) of the General Laws, 1956, as amended, the undersigned resident agent, or the person signing on behalf of the resident agent, submits the following statement for the purpose of changing the agent's address within this state:

1. The name of the limited liability company is:  
\_\_\_\_\_
2. The address of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:  
\_\_\_\_\_
3. The NEW address of the resident agent is:  
\_\_\_\_\_
4. The change of address of the resident agent shall become effective upon the filing of this statement, or on \_\_\_\_\_

*(a date not prior to, nor more than 30 days after, the filing of this Statement)*

Under penalty of perjury, I declare that the information contained herein is true and correct.

Date: \_\_\_\_\_

\_\_\_\_\_   
Print Name of Resident Agent

\_\_\_\_\_   
Signature