



State of Rhode Island
Department of State - Business Services Division

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RI DEPT OF STATE
BUS SVCS DIV
2022 DEC 27 PM 1:45

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 001244424		2. Exact Name of the Limited Liability Company TLC Homes, LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 523 Thames Street			
City/Town Newport		State RHODE ISLAND	Zip 02840
4. The name of the resident agent as PRESENTLY shown in the records on file with the RI Department of State: Anthony Lorusso			
5. The address of the NEW resident office is:			
Street Address (NOT a P.O. Box) 654 Metacom Avenue, Ste. 3			
City/Town Warren		State RHODE ISLAND	Zip 02885
6. The name of the NEW resident agent is: Michelle Hughes, CPA			
7. Date when this Statement of Change of Resident Agent 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 Agent by the Limited Liability Company, and that all statements contained herein are true and correct.			
Name of Authorized Person of the Limited Liability Company Anthony Lorusso			Date 10/10/2022
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

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DEC 27 2022
BY 5159