



State of Rhode Island  
Department of State - Business Services Division

Statement of Change of Agent **ADDED**  
DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: ~~\$20.00~~

**no fee**

RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIV  
2024 JUN -3 PM 2:19  
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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 <b>001713429</b>		2. Exact Name of the Limited Liability Company <b>TINY SHOWCASE 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 <b>71 WOOD ST</b>			
City/Town <b>PROVIDENCE</b>		State <b>RHODE ISLAND</b>	Zip <b>02909</b>
4. The name of the resident agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State: <b>JULIA GUALTIERI</b>			
5. The address of the <b>NEW</b> resident office is:			
Street Address (NOT a P.O. Box) <b>40 WOOD STREET</b>			
City/Town <b>PROVIDENCE</b>		State <b>RHODE ISLAND</b>	Zip <b>02909</b>
6. The name of the <b>NEW</b> resident agent is: <b>JULIA GUALTIERI</b>			
7. Date when this Statement of Change of Resident Agent 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 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 <b>JULIA GUALTIERI, OWNER</b>			Date <b>05/29/2024</b>
Signature of Authorized Person of the Limited Liability Company <i>Julia Gualtieri</i>			

MAIL TO:

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

FILED

JUN 03 2024  
BY **AA** 2:19pm  
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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:

June 03, 2024 02:19 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*

