RI SOS Filing Number: 200940367700 Date: 10/27/1997 11:00 AM

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335

DESIGNATION OF AGENT FOR NONRESIDENT LANDLORD

Pursuant to the provisions of Section 34-18-22.3 of the General Laws, 1956, as amended, the undersigned landlord, who is not a resident of the State of Rhode Island, submits the following statement for the purpose of appointing an agent in the State of Rhode Island.

1. The name of the nonresident landlord is: SALVATORE CAMBRIA
2. The address of the nonresident landlord is: 534 PINE ST.
   SEEKONK, MA. 02771
3. The name of the agent is: SALVATORE CAMBRIA
   The agent must be a resident of this state or a corporation authorized to do business in this state
4. The address of the agent is: 028 EDDA AVE. PRUDENCE ISL. R.I. 02872
   JACK'S HOPE REALTY

Under penalty of perjury, I declare and affirm that all statements contained herein are true and correct.

Salvatore Cambria
Signature of Landlord

NOTE:

Pursuant to the above statute, a designation of agent must also be filed with the clerk of the city or town wherein the dwelling unit is located. You should contact the city or town clerk prior to filing said designation to determine what additional filing requirements, if any, are necessary.

FILED
OCT 27 1997
By

LLAgent
2/97 29950-13-328791

CITY OF PAWTUCKET
ABSENTEE LANDLORD REGISTRATION

PROPERTY ADDRESS 070/072 STERLING ST.

LANDLORD NAME SALVATORE CAMBRIA OR PROPERTY MANAGER SALVATORE CAMBRIA

LANDLORD ADDRESS 534 PINE ST. SEEKONK, MA. 02771 MANAGERS ADDRESS 028 EDNA AVE PRUDENCE ISL, R.I. 02872

LANDLORD MAILING ADDRESS 534 PINE ST. SEEKONK, MA. 02771

LANDLORD TEL. # 508-761-4598 (H) 401-683-2870 (W) MANAGERS TEL. # 401-683-2870

EMERGENCY 24 Hour TEL. # 401-683-2135 EMERGENCY 24 Hour TEL. # 401-683-2135

MORTGAGE HOLDER NAME PNC MORTGAGE INSURANCE CARRIER NAME METROPOLITON

MORTGAGE HOLDER ADDRESS P.O. BOX 37560 INS. CARRIER ADDRESS WAMPONAUG TRAIL
LOUISVILLE, KENTUCKY 40233 E. PROV, R.I.

* MORTGAGE HOLDER TEL. # 1-800-736-9090 * INS. CARRIER TEL. # 401-437-4700

* LOAN OFFICER NAME UNKNOWN- LOAN# 0091578783 * NAME OF AGENT DENNIS O'BRIEN

Salvatore Cambria 10/20/97
Signature of property owner date

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____, _____.

_____
Notary Public

MY COMMISSION EXPIRES ON _____, _____

* Optional information not required by statute

Note: A separate registration form is required for each property you own

CITY OF PAWTUCKET

ABSENTEE LANDLORD REGISTRATION

PROPERTY ADDRESS 070/072 STERLING ST.

LANDLORD NAME SALVATORE CAMBRIA OR PROPERTY MANAGER SALVATORE CAMBRIA

LANDLORD ADDRESS 534 PINE ST. SEEKONK, MA. 02771 MANAGERS ADDRESS 020 EDDA AVE

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LOUISVILLE, KENTUCKY 40233 E. PROV, R.I.

* MORTGAGE HOLDER TEL. # 1-800-736-9090 * INS. CARRIER TEL. # 401-437-4700

* LOAN OFFICER NAME UNKNOWN - LOAN# 0091578793 * NAME OF AGENT DENNIS O'BRIEN

Salvatore Cambria 10/20/97

Signature of property owner date

SUBSCRIBED AND SWORN TO BEFORE ME THIS 20th DAY OF October, 1997

Carol de Sousa

Notary Public

MY COMMISSION EXPIRES ON July 30, 2001

* Optional information not required by statute

Note: A separate registration form is required for each property you own