

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

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

## 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	tonio cerqueixa
	The address of the nonresident landlord is 25 Milford, Mass. 0	Highland st
3.		G Rondeau ident of this state or a corporation authorized to do business in this state.)
4.	The address of the agent is _/ SOCIA	1 st. Suite 11 of, R.I. 02895
5.	List the street address of each property designated	t to said agent:
	168 Smain st.	Woonsocket R.I. 02895
		Under penalty of perjury, I declare and affirm that all statements, including any accompanying attachments, contained herein are true and correct.
	Date: 7-9-08	Signature of Landlord
		NOTE: See attached Jural!

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.

Form No. 34-18-22 Revised: 12/05 FILED

JUL 11 2008

By AM (N.)

## MASSACHUSETTS JURAT Gov. Exec. Ord. #455 (03-13), §5(e)

Commonwealth of Massachusetts
County of workste
On this the 9th day of July, 2005, before me,
Name of Notary Public,
personally appeared PNTONIO CETGUEIR9  Name(s) #Signer(s)
proved to me through satisfactory evidence of identity, which was/were
Massachusetts Devices Licenise  Description of Evidence of Identity
to be the person(s) whose name(s) was/were signed on the preceding or attached document in my presence, and who swore or affirmed to me that the contents of the document are truthful and accurate to the best of his/her/their-knowledge and belief.
Signature of Notary Public
Kathles J. Kincher  Printed Name of Notary
My Commission Explans
Place Notary Seal and/or Any Stamp Above  My Commission Expires
OPTIONAL —
Although the information in this section is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.  Right Thumbprint of Signer
Description of Attached Document
Title or Type of Document: Nosecoides + Landlord Proglace
Document Date: 7-9-08 Number of Pages:
Signer(s) Other Than Named Above: