

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335

083105

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 CHRISTO	OPHER O'NEILL		
2.	The address of the nonresident landlord is 33 NEV	W HALL STREET DOR	CHESTER, MA 02122	2
	The name of the agent is JOSEPH J. RECUPERO, ESQ. (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 362 BROADWAY PR	ROVIDENCE, RI 02909		9 (1)
5.	List the street address of each property designated	I to said agent:		
	<u>Street Address</u> 37-39 CARRINGTON AVENUE	PROVIDENCE	<u>City/Town</u>	
	77 CAMP STREET	PROVIDENCE		19
	Date: FEBRUARY 15, 2005	Under penalty of perincluding any accontrue and correct.	rjury, I declare and affinpanying attachments Signature of Landlor	irm that all statements, , contained herein are

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.

Form No. 34-18-22 Revised: 01/99 FEB 17 2005

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3.	The name of the agent is JOSEPH J. RECUPERO, ESQ. (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 362 BROADWAY, PROVIDENCE, RI 02909				
5.	List the street address of each property designated to said agent: City/Town				
	Street Address	PROVIDENCE			
	37-39 CARRINGTON AVENUE				
		- 3201			
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		o Sin			
		Under penalty of perjury, I declare and affirm that all statements, including any accompanying attachments, contained herein are true and correct.			
	Date: \$\\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Tholigh O Med			
	Date: July 1	Signature of Landlord			
	/ /				

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Form No. 34-18-22 Revised: 01/99 SEP 0 3 2004

By CM#43