



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 DAVID J. OTTOLINI
2. The address of the nonresident landlord is PO BOX 1093 152 CORN HILL LN
NORTH MARSHFIELD, MA. 02059
3. The name of the agent is DAVID MANCHESTER
(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 5 WOODBINE STREET
NORTH PROVIDENCE, RI. 02911

5. List the street address of each property designated to said agent:

<u>Street Address</u>	<u>City/Town</u>
<u>212 FIRST AVE.</u>	<u>WOODSCKET</u>
_____	_____
_____	_____
_____	_____
_____	_____

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FILED

MAR 17 2014

By KM

Date: 3-17-14

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

[Signature]

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.



State of Rhode Island and Providence Plantations

A. Ralph Mollis

Secretary of State

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island
and Providence Plantations, 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:

A. RALPH MOLLIS

Secretary of State

