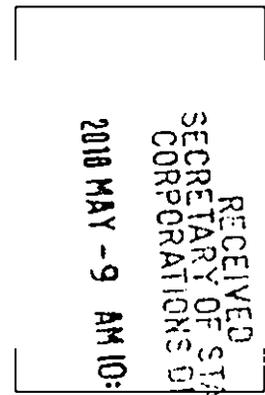




State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**



**Designation of Agent for Nonresident Landlord**

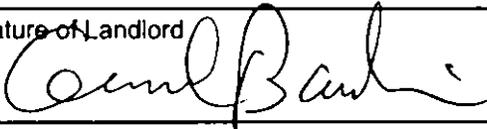
→ No Filing Fee

Pursuant to the provisions of RIGL 34-18-22.3, the undersigned landlord(s), who is not a resident of Rhode Island, submits the following statement for the purpose of appointing an agent in Rhode Island:

|  |                              |                          |
|--|------------------------------|--------------------------|
| 1. The name(s) of the nonresident landlord(s) is:                                  |                              |                          |
| <b>Studio Realty Trust - Gerald Baskin, Trustee</b>                                |                              |                          |
| 2. The address of the nonresident landlord is:                                     |                              |                          |
| Street Address<br><b>10 Fales Road</b>   |                              |                          |
| City/Town<br><b>Sharon</b>   | State<br><b>Ma</b>           | Zip Code<br><b>02067</b> |
| 3. The name and address of the initial registered agent/office in Rhode Island is: |                              |                          |
| Agent Name<br><b>Karenann McLoughlin</b>   |                              |                          |
| Street Address (NOT a P.O. Box)<br><b>144 Medway Street</b>                        |                              |                          |
| City/Town<br><b>Providence</b>   | State<br><b>RHODE ISLAND</b> | Zip Code<br><b>02906</b> |
| 4. List the street address of each property designated to said agent:              |                              |                          |
| Street Address<br><b>589 Atwells Avenue - Unit 4F</b>                              |                              |                          |
| City/Town<br><b>Providence</b>   | State<br><b>RHODE ISLAND</b> | Zip Code<br><b>02909</b> |

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

**FILED**  
 MAY 09 2018  
 BY A.A. 10:59 AM

|   |                              |                       |
|---|------------------------------|-----------------------|
| Street Address  |                              |                       |
| City/Town   | State<br><b>RHODE ISLAND</b> | Zip Code              |
| Street Address  |                              |                       |
| City/Town   | State<br><b>RHODE ISLAND</b> | Zip Code              |
| Street Address  |                              |                       |
| City/Town   | State<br><b>RHODE ISLAND</b> | Zip Code              |
| Street Address  |                              |                       |
| City/Town   | State<br><b>RHODE ISLAND</b> | Zip Code              |
| Street Address  |                              |                       |
| City/Town   | State<br><b>RHODE ISLAND</b> | Zip Code              |
| Street Address  |                              |                       |
| City/Town   | State<br><b>RHODE ISLAND</b> | Zip Code              |
| Additional property addresses can be listed on an attachment. <span style="float: right;">Check this box to indicate attachment <input type="checkbox"/></span>   |                              |                       |
| <i>Under the penalty of perjury, I/we declare and affirm that I/we have examined this Designation of Agent for Nonresident Landlord, including any accompanying attachments, and that all statements contained herein are true and correct.</i> |                              |                       |
| Type or Print Name of Landlord<br><b>Studio Realty Trust - Gerald Baskin - Trustee</b>  |                              | Date<br><b>5/1/18</b> |
| Signature of Landlord<br> SIGN DOCUMENT HERE   |                              |                       |
| Type or Print Name of Landlord  |                              | Date                  |
| Signature of Landlord<br>SIGN DOCUMENT HERE   |                              |                       |

**\*\*RIGL 34-18-22.3** requires a designation of agent to also be filed with the clerk of the city or town where the designated property is located. Contact the city or town clerk's office to obtain filing instructions.

**If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.**



State of Rhode Island and Providence Plantations  
**Department of State | Office of the Secretary of State**  
**Nellie M. Gorbea**, *Secretary of State*

I, NELLIE M. GORBEA, 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:

May 09, 2018 10:59 AM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive, written in a professional style.

Nellie M. Gorbea  
*Secretary of State*

