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:

The Michael F. Neves and Patricia G. Neves Revocable Trust

2. The address of the nonresident landlord is:

Street Address		
15120 HARBOUR ISLE DR APT 602		
City/Town	State	Zip Code
FORT MYERS	**FL**	**33908-6838**

3. The name and address of the initial registered agent/office in Rhode Island is:

Agent Name		
DAVID J. FOX, ESQ.		
Street Address (NOT a P.O. Box)		
850 AQUIDNECK AVE, UNIT B-11		
City/Town	State	Zip Code
MIDDLETOWN	**RHODE ISLAND**	**02842**

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

Street Address		
136 ISLINGTON AVE		
City/Town	State	Zip Code
PORTSMOUTH	**RHODE ISLAND**	**02871**

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

FILED
MAY 24 2019
BY A.A. 11:27 A.M.

STAMP
FOR SECRETARY OF STATE USE ONLY

FORM 658 - Revised: 10/2017

Street Address		
City/Town	State **RHODE ISLAND**	Zip Code
Street Address		
City/Town	State **RHODE ISLAND**	Zip Code
Street Address		
City/Town	State **RHODE ISLAND**	Zip Code
Street Address		
City/Town	State **RHODE ISLAND**	Zip Code
Street Address		
City/Town	State **RHODE ISLAND**	Zip Code
Additional property addresses can be listed on an attachment.		Check this box to indicate attachment ☐
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.		
Type or Print Name of Landlord **MICHAEL F. NEVES, Trustee**		Date 5/21/2019
Signature of Landlord SIGN DOCUMENT HERE		
Type or Print Name of Landlord		Date
Signature of Landlord 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.