RI SOS Filing Number: 201901699250 Date: 7/5/2019 11:19:00 AM

	State of Rhode Island and Providence Plantations	
	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: TARA PAYNE 2. The address of the nonresident landlord is: Street Address 1446 MULLIGAN HILL ST Zip Code State City/Town **CHULA VISTA** 91913 CA 3. The name and address of the initial registered agent/office in Rhode Island is: Agent Name SHELLEY ANDRADE Street Address (NOT a P.O. Box) **85 WILKEY AVE** Zip Code City/Town 02871 **PORTSMOUTH RHODE ISLAND** 4. List the street address of each property designated to said agent: Street Address 96 MCINTOSH DR State Zip Code City/Town 02871 **PORTSMOUTH RHODE ISLAND**

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.n.gov FILED

JUL 0 5 2019

FORM 658 - Revised: 10/2017

Street Address				
Street Address				
City/Town	State	Zip Code		
	RHODE ISLAND			
	<u></u>	<u></u>		
Street Address				
City/Town	I Otata] == 0-4.		
i dity/10wii	State	Zip Code		
	RHODE ISLAND			
Street Address	<u> </u>			
City/Town	State	Zip Code		
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Street Address				
City/Town	State	Zip Code		
	RHODE ISLAND			
Street Address .				
City/Town	State	Zin Code		
Oily 10mil	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		Date		
TARA PAYNE		7/1/19		
Signature of Landlord				
tan				
Type or Print Name of Landlord	0	Date		
Type of Child Hame of Candidio	•	Dale		
Signature of Landlord				
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^{**}RIGL <u>34-18-22.3</u> 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.

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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:

July 05, 2019 11:19 AM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

