State of Rhode Island
Department of State - Business Services Division

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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:

Francis T Brooks and Kelly A Brooks

2. The address of the nonresident landlord is:

Street Address		
20 Linda Way		
City/Town	**State**	**Zip Code**
Bellingham	Massachusetts	02019

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

Agent Name		
Jillian Digioia		
Street Address (NOT a P.O. Box)		
122 4th Ave		
City/Town	**State**	**Zip Code**
Woonsocket	**RHODE ISLAND**	02895

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

Street Address		
102 Providence Street, Apartment 3		
City/Town	**State**	**Zip Code**
Woonsocket	**RHODE ISLAND**	02895

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 STAMP
DEC 03 2020 12:15
BY

FORM 658 - Revised. 08/2020

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 Francis T Brooks		Date
Signature of Landlord		
Type or Print Name of Landlord Kelly A Brooks		Date
Signature of Landlord		

**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

DISTRICT COURT

AFFIDAVIT OF THE PLAINTIFF/LANDLORD REGARDING DECLARATION BY THE DEFENDANT/TENANT

Plaintiff/Landlord	**Civil Action File Number**
Francis T Brooks and Kelly A Brooks	
Defendant/Tenant	**Attorney for the Plaintiff/Landlord**
Amanda Swider	Jeffrey H Garabedian, Esq

☐ Murray Judicial Complex 2nd Division District Court 45 Washington Square Newport, Rhode Island 02840-2913 (401) 841-8350	☐ Noel Judicial Complex 3rd Division District Court 222 Quaker Lane Warwick, Rhode Island 02886-0107 (401) 822-6750
☐ McGrath Judicial Complex 4th Division District Court 4800 Tower Hill Road Wakefield, Rhode Island 02879-2239 (401) 782-4131	☒ Garrahy Judicial Complex 6th Division District Court One Dorrance Plaza Providence, Rhode Island 02903-2719 (401) 458-5400

I, ☒ the Plaintiff/Landlord Francis T. Brooks and Kelly A. Brooks
or ☐ _____ an authorized agent of the Plaintiff/Landlord in the above-entitled matter, do hereby, under oath, make this affidavit and state that the following is within my personal knowledge.

Please check all that apply:

☒ The Plaintiff/Landlord is seeking to recover possession of the following property: 102 Providence Street, Apt 3, Woonsocket, RI 02895

☒ The Defendant/Tenant is still in possession of the property as indicated above. The amount of rent in arrearage amount is $ 1,700.00.

☒ I Francis T Brooks and Kelly A Brooks, the Plaintiff/Landlord, hereby state that I have not received a declaration from Amanda Swider, the Defendant/Tenant, as ordered by the Centers for Disease Control and Prevention.

STATE OF RHODE ISLAND

DISTRICT COURT

Signature of the Plaintiff/Landlord or authorized agent of the Plaintiff/Landlord	Date
	11/30/2020

State of MA
County of Suffolk

On this 30 day of November, 2020, before me, the undersigned notary public, personally appeared Francis T Brooks
☐ personally known to me or ☒ proved to me through satisfactory evidence of identification, which was MA Drivers License, to be the person who signed above in my presence, and who swore or affirmed to me that the contents of the document are truthful to the best of his or her knowledge.

Notary Public: _____
My commission expires: 12/18/2026
Notary identification number: _____

NATHANIEL P RICE
Notary Public
Commonwealth of Massachusetts
My Commission Expires Dec. 18, 2026