



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:		
JSIP CUMBERLAND CROSSING, LLC		
2. The address of the nonresident landlord is:		
Street Address 100 Federal St, 20th Floor		
City/Town Boston	State MA	Zip Code 02110
3. The name and address of the initial registered agent/office in Rhode Island is:		
Agent Name Lawyers Collaborative Associates, P.C.		
Street Address (NOT a P.O. Box) The Calart Tower, 400 Reservoir Ave. Ste 3A		
City/Town Providence	State RHODE ISLAND	Zip Code 02907
4. List the street address of each property designated to said agent:		
Street Address 100 Crossing Dr		
City/Town Cumberland	State RHODE ISLAND	Zip Code 02864

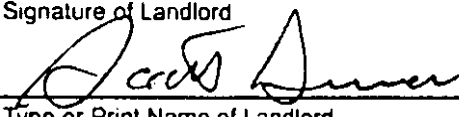

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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FORM 052 - Revised 03/2019

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
Street Address		
Additional property addresses can be listed on an attachment. Check this box to indicate attachment <input type="checkbox"/>		
<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 JSP CUMBERLAND CROSSING, LLC		Date 12/10/2020
Signature of Landlord  		
Type or Print Name of Landlord		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.

FORM 603-1 (09/2019)



State of Rhode Island

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,
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:

December 10, 2020 02:06 PM

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

Nellie M. Gorbea
Secretary of State

