



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:		
Patrick Lynch, Jacob Bobba		
2. The address of the nonresident landlord is:		
Street Address 634 Prospect St Apt #2		
City/Town Fall River	State MA	Zip Code 02720
3. The name and address of the initial registered agent/office in Rhode Island is:		
Agent Name Ryan Lynch		
Street Address (NOT a P.O. Box) 73 High Hawk Rd		
City/Town Portsmouth	State RHODE ISLAND	Zip Code 02871
4. List the street address of each property designated to said agent:		
Street Address 57-59 Ethel Drive		
City/Town Portsmouth	State RHODE ISLAND	Zip Code 02871

MAIL TO:

Division of Business Services

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

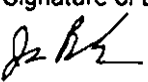
Phone: (401) 222-3040

Website: www.sos.ri.gov

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Street Address		
City/Town	State RHODE ISLAND	Zip Code
Street Address		
City/Town	State RHODE ISLAND	Zip Code
Street Address		
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Street Address		
City/Town		
State RHODE ISLAND		
Zip Code		
Additional property addresses can be listed on an attachment. Check this box to indicate attachment ☐		
<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 Patrick Lynch		Date 4/26/21
Signature of Landlord 		
Type or Print Name of Landlord Jacob Bobba		Date 4/26/21
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 658 - Revised: 08/2020



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:

April 27, 2021 02:20 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

