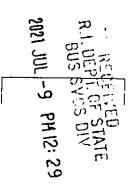
RI SOS Filing Number: 202199196650 Date: 7/9/2021 12:29:00 PM



State of Rhode Island

Department of State - Business Services Division



Designation of Agent for Nonresident Landlord

→ No Filing Fee

Pursuant to the provisions of RIGL <u>34-18-22.3</u> , 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:				
The name(s) of the nonresident landlord(s) is:	or appointing an agent in 17/10	de Island.		
DOROTHY DANIELS	DAVID	WRIGHT		
2. The address of the nonresident landlord is:				
Street Address		· · · · · · · · · · · · · · · · · · ·		
2646 TUSCANY CT.				
City/Town	State	Zip Code		
LIVERMORE	l CA	94550		
3.The name and address of the initial registered agent/office in Rhode Island is:				
Agent Name				
SUE GABRIEL				
Street Address (NOT a P.O. Box)				
15 STELLAR WAY				
City/Town	State	Zip Code		
SO, KINGSTOWN	RHODE ISLAND	02879		
4. List the street address of each property designated to said agent:				
Street Address				
8 CLARA LN				
City/ lown	State	Zip Code		
NARRAGANSETT	RHODE ISLAND	02882		

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**

JUL 09 2021 By M 12:29

Street Addréss		 	
13 CLARA LN. City/Town NARRAGANSETT			
City/Town	State	Zip Code	
NARRAGANSETT	RHODE ISLAND	02882	
Street Address		<u> </u>	
City/Town	State	Zip Code	
	RHODE ISLAND		
Street Address		<u> </u>	
City/Town	State	Zip Code	
	RHODE ISLAND		
Street Address		<u> </u>	
		,	
City/Town	State	Zíp Code	
	RHODE ISLAND		
Street Address			
City/Town	State	Zip Code	
	RHODE ISLAND		
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 /	
DOROTHY DANIELS		7/3/2/	
Signature of Landlord			
Norothy A. Land			
Type or Print Name of Landlord		Date / /	
DAVID A- WRIGHT		7/3/2/	
Signature of Landlord			
Bot Mund			

^{**}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,
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 09, 2021 12:29 PM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

