



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 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: OCEAN SPRAY 401 LLC c/o BRIAN SALTZMAN		
2. The address of the nonresident landlord is:		
Street Address 72 HIGH ST.		
City/Town MONTCLAR	State NJ	Zip Code 07042
3. The name and address of the initial registered agent/office in Rhode Island is:		
Agent Name KARA CHURASH, SUNRISE PROPERTIES, LLC		
Street Address (NOT a P.O. Box) 22A PIER MARKET PLACE		
City/Town NARRAGANSETT	State RHODE ISLAND	Zip Code 02882
4. List the street address of each property designated to said agent:		
Street Address 34 FOSTER LANE		
City/Town NARRAGANSETT	State RHODE ISLAND	Zip Code 02882

## MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

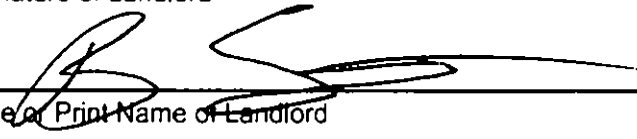
Website: www.sos.ri.gov

FILED

STAMP

SEP 22 2021

BY A.A. 10:43 AM.

Street Address		
City/Town	State <b>RHODE ISLAND</b>	Zip Code
Street Address		
City/Town	State <b>RHODE ISLAND</b>	Zip Code
Street Address		
City/Town	State <b>RHODE ISLAND</b>	Zip Code
Street Address		
City/Town	State <b>RHODE ISLAND</b>	Zip Code
Street Address		
City/Town	State <b>RHODE ISLAND</b>	Zip Code
Street Address		
Additional property addresses can be listed on an attachment. <span style="float: right;">Check this box to indicate attachment <input type="checkbox"/></span>		
<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 <b>BRUN SALTZMAN FOR OCEAN SPRAY YOI LLC</b>		Date <b>9-19-2021</b>
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](mailto:corporations@sos.ri.gov).**



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:

September 22, 2021 10:43 AM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea", is written in a cursive style.

Nellie M. Gorbea  
*Secretary of State*

