



Designation of Agent for Nonresident Landlord

→ No Filing Fee

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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:

REMY FRANCISCO JUAN & MARTINEZ GRISELLE

2. The address of the nonresident landlord is:

Street Address

148 HATHAWAY DR

City/Town

ALTAMONTE SPRINGS

State

FL

Zip Code

32701

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

Agent Name

Warner Realty Group, LLC

Street Address (NOT a P.O. Box)

358 Broadway

City/Town

Newport

State

RHODE ISLAND

Zip Code

02840

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

Street Address

32 Kay St, Unit 3

City/Town

Newport

State

RHODE ISLAND

Zip Code

02840

MAIL TO:

Division of Business Services

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


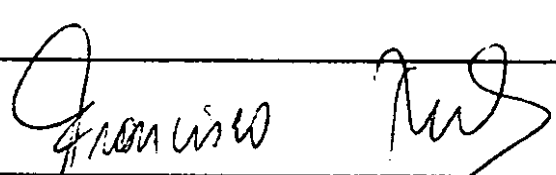
Phone: (401) 222-3040

Website: www.sos.ri.gov

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BY *HA*
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Street Address		
City/Town	State RHODE ISLAND	Zip Code
Street Address		
City/Town	State RHODE ISLAND	Zip Code
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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 Griselle Martinez		Date 12/15/2022
Signature of Landlord 		
Type or Print Name of Landlord Francisco Remy		Date 12/15/2022
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

Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, 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:

January 03, 2023 02:30 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is written in a cursive style.

Gregg M. Amore
Secretary of State

