



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:		
<b>Paul L. Jacques, as Trustee of the "Jacques Family Revocable Living Trust - 2007"</b>		
2. The address of the nonresident landlord is:		
Street Address PO Box 2093		
City/Town Gloster	State VA	Zip Code 23061
3. The name and address of the initial registered agent/office in Rhode Island is:		
Agent Name Steven J. Hart, Esquire		
Street Address ( <u>NOT</u> a P.O. Box) 328 Cowesett Avenue, Suite 3		
City/Town West Warwick	State RHODE ISLAND	Zip Code 02893
4. List the street address of each property designated to said agent:		
Street Address 10 Renehen Court		
City/Town West Warwick	State RHODE ISLAND	Zip Code 02893

### MAIL TO:

Division of Business Services

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

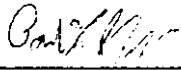
Phone: (401) 222-3040

Website: [www.sos.ri.gov](http://www.sos.ri.gov)

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BY AA. 1:29 pm

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 Paul L. Jacques, Trustee		Date 04/21/2023
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).

FORM 558 - Revised: 08/2020

Doc ID: 0aeb92d28f4f8d7568e31c660a8d5c0329c8fc47