



State of Rhode Island  
 Department of State - Business Services Division

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**Designation of Agent for Nonresident Landlord**

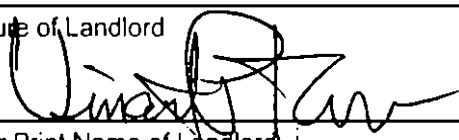
→ No Filing Fee

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:                                  |                       |                   |
| VINCENT PETER FIORE  |                       |                   |
| 2. The address of the nonresident landlord is:                                     |                       |                   |
| Street Address<br>13677 LANCASHIRE STREET  |                       |                   |
| City/Town<br>HORIZON CITY  | State<br>TEXAS        | Zip Code<br>79928 |
| 3. The name and address of the initial registered agent/office in Rhode Island is: |                       |                   |
| Agent Name<br>JAMES J. REZENDES  |                       |                   |
| Street Address (NOT a P.O. Box)<br>980 RESERVOIR AVENUE                            |                       |                   |
| City/Town<br>CRANSTON  | State<br>RHODE ISLAND | Zip Code<br>02910 |
| 4. List the street address of each property designated to said agent:              |                       |                   |
| Street Address<br>300 SMITHFIELD ROAD UNIT P2-18                                   |                       |                   |
| City/Town<br>NORTH PROVIDENCE  | State<br>RHODE ISLAND | Zip Code<br>02904 |

**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<br><b>RHODE ISLAND</b> | Zip Code                     |
| Street Address  |                              |                              |
| City/Town   | State<br><b>RHODE ISLAND</b> | Zip Code                     |
| Street Address  |                              |                              |
| City/Town   | State<br><b>RHODE ISLAND</b> | Zip Code                     |
| Street Address  |                              |                              |
| City/Town   | State<br><b>RHODE ISLAND</b> | Zip Code                     |
| Street Address  |                              |                              |
| City/Town   | State<br><b>RHODE ISLAND</b> | Zip Code                     |
| Street Address  |                              |                              |
| City/Town   | State<br><b>RHODE ISLAND</b> | Zip Code                     |
| 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<br><b>VINCENT PETER FIORE</b>  |                              | Date<br><b>2 AUGUST 2023</b> |
| Signature of Landlord<br>  |                              | Date<br><b>2 August 2023</b> |
| 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.**



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:

August 03, 2023 11:28 AM

A handwritten signature in black ink that reads "Gregg M. Amore".

Gregg M. Amore  
*Secretary of State*

