



State of Rhode Island  
**Department of State - Business Services Division**

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FOR SECRETARY OF STATE  
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**Designation of Agent for Nonresident Landlord**

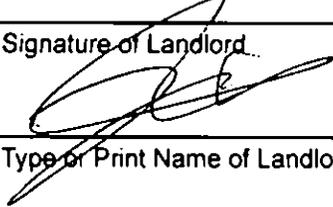
→ No Filing Fee

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>Jorge Ivan Ruiz Cuartas</b>		
2. The address of the nonresident landlord is:		
Street Address 879 Saratoga Street		
City/Town Boston	State MA	Zip Code 02128
3. The name and address of the initial registered agent/office in Rhode Island is:		
Agent Name Marlene Marshall		
Street Address (NOT a P.O. Box) 655 Mendon Road, Cumberland, RI 02864		
City/Town Cumberland	State RHODE ISLAND	Zip Code 02864
4. List the street address of each property designated to said agent:		
Street Address 22 Hamilton Street		
City/Town Woonsocket	State RHODE ISLAND	Zip Code 02895

**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 126 Joffre Avenue		
City/Town Woonsocket	State <b>RHODE ISLAND</b>	Zip Code 02895
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
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 Jorge Ivan Ruiz Cuartas	Date	
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**  
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 25, 2023 01:35 PM

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

Gregg M. Amore  
*Secretary of State*

