



**State of Rhode Island  
Office of the Secretary of State**

No Fee

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non Resident Landlord  
Landlord Registration**

(Section 34-18-22.3 of the General Laws of Rhode Island, 1956, as amended)

**ARTICLE I**

The undersigned landlord, who is not a resident of the state of Rhode Island, submits the following statement for the purpose of appointing an agent in the State of Rhode Island

The name of the nonresident landlord is:

Chris and Debra Walsh

**Article II**

The address of the nonresident landlord is:

No. and Street: 84 LAMBERT RIDGE

City or Town: CROSS RIVER

State: NY

Zip: 10518

Country: USA

**ARTICLE III**

**NOTE: The registered agent must be a resident of this state or a corporation authorized to do business in this state.**

The Rhode Island street address (post office box not acceptable) of the landlord's resident agent:

No. and Street: 3 GORDON STREET

City or Town: NEWPORT

State: RI

Zip: 02840

The name of the landlord's registered agent: ELIZABETH ENOCHS

**ARTICLE IV**

List the street address, city or town and zip code for each property designated to said agent.

**EXAMPLE: 148 W. River Street Providence RI 02904-2615**

If there is more than one property, list the first property, PRESS the ENTER key. Keeping the cursor within the data entry box, continue this process until you have listed all of the property owned by the landlord and designated to the listed registered agent.

3 KEY COURT NEWPORT , RI 02840

I declare and affirm that all statements contained herein are true and correct.

**SIGNED UNDER THE PENALTIES OF PERJURY, this 15 Day of February, 2024,**  
**CHRIS WALSH AND DEBRA WALSH**

Signature of each non-resident landlord listed

NOTE: Pursuant to the above statute, a designation of agent must also be filed with the clerk of the city or town wherein the dwelling unit is located. You should contact the city or town clerk prior to filing said designation to determine what additional filing requirements, if any, are necessary.

Non-Resident Landlord  
Revised 01/09

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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:

February 15, 2024 10:19 AM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is fluid and cursive, with the first letters of each name being capitalized.

Gregg M. Amore  
*Secretary of State*

