



State of Rhode Island  
Department of State - Business Services Division

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## Certificate of Cancellation for Nonresident Landlord

→ No Filing Fee

The undersigned landlord(s), who is not a resident of Rhode Island, submits the following cancellation:

1. Entity ID Number: <b>001744849</b>		2. The name(s) of the nonresident landlord(s) is: <b>HV Newport, LLC</b>	
3. The date of the nonresident landlord's registration is: <b>08-15-2022</b>			
4. The address of the nonresident landlord is:			
Street Address <b>PO BOX 5404</b>			
City/Town <b>Utica</b>	State <b>NY</b>	Zip Code <b>13504-5404</b>	
5. The name and address of the registered agent/office in Rhode Island is:			
Agent Name <b>RHODE ISLAND REGISTERED AGENT LLC</b>			
Street Address ( <u>NOT</u> a P.O. Box) <b>47 Wood Ave, Suite 2</b>			
City/Town <b>Barrington</b>	State <b>RHODE ISLAND</b>	Zip Code <b>02840</b>	
6. The nonresident landlord(s) no longer holds property in the State of Rhode subject to the provisions of RIGL 34-18-22.3 and hereby cancels this registration. The cancellation revokes the authority of the nonresident landlord's registered agent to accept service of process.			

FILED

MAR 04 2024

BY

*KS*

### 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)

*Under the penalty of perjury, I/we declare and affirm that I/we have examined this Certificate of Cancellation for Nonresident Landlord, including any accompanying attachments, and that all statements contained herein are true and correct.*

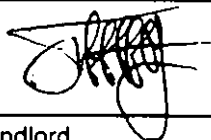
Type or Print Name of Landlord

Justin M. Nackley, Esq.

Date

2/26/2024

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:

March 04, 2024 02:54 PM

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

Gregg M. Amore  
*Secretary of State*

