



**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:

Joel Steiner

Article II

The address of the nonresident landlord is:

No. and Street: 19 THOMAS RD

City or Town: LYNNFIELD

State: MA

Zip: 01940

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: 89 GINGER ST

City or Town: WARWICK

State: RI

Zip: 02886

The name of the landlord's registered agent:

PETER IZZI

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.

86 ATLANTIC ST SOUTH KINGSTOWN RI 02879

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

SIGNED UNDER THE PENALTIES OF PERJURY, this 27 Day of March, 2024,
PETER IZZI

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:

March 27, 2024 10:18 AM

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

