



**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:		
Carol E Coughlin Irrevocable Trust		
2. The address of the nonresident landlord is:		
Street Address		
76 Porter Hill Road		
City/Town	State	Zip Code
Middlebury	CT	06762
3. The name and address of the initial registered agent/office in Rhode Island is:		
Agent Name		
Narragansett Properties		
Street Address (NOT a P.O. Box)		
91 POINT JUDITH ROAD D10		
City/Town	State	Zip Code
Narragansett	RHODE ISLAND	02882
4. List the street address of each property designated to said agent:		
Street Address		
19 Woodsia Road		
City/Town	State	Zip Code
Saunderstown	RHODE ISLAND	02874

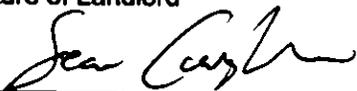
**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

**FILED**

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CV

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
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		Date
Carol E Coughlin Irrevocable Trust		3/23/2024
Signature of Landlord		
 TRUSTEE		
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:

March 27, 2024 01:44 PM

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

Gregg M. Amore  
*Secretary of State*

