

State of Rhode Island Department of State - Business Services Division

Designation of Agent for Nonresident Landlord

→ No Filing Fee

REC'D RIDOS BSD '24 APR 1 FK1: 14:4

Pursuant to the provisions of RIGL 34.19.22.3, 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.

| The name(s) of the nonresident landlord(s) is | | ω |
|--|---------------------------|----------|
| Michael Sullivan and Karen Sullivan | | |
| 2 The address of the nonresident landlord is | | |
| Street Address | | |
| 30 Parkway Drive | | |
| City Town | State | Zip Code |
| Yorktown Heights | NY | 10598 |
| 3 The name and address of the initial registered agent/o | office in Rhode Island is | |
| Agent Name | | |
| John J. Gentile, Jr. | | |
| Street Address (NOT a P.O. Box) | | |
| 148 Main Street | | |
| City Town | State | Zip Code |
| Westerly | RHODE ISLAND | 02891 |
| 4 List the street address of each property designated to | said agent | |
| Street Address 196 Bradford Road | | |
| Сіту/Таwn | State | Zip Code |
| Westerly (Bradford) | RHODE ISLAND | 02808 |
| | | |

FILED

MAIL TO:

Division of Business Services
148 W. River Street. Providence. Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.n.gov

APR 0 1 2024

FORM 658 Revised 3 2023

| Chanal Addison | | |
|---|---|--------------------------------|
| Street Address | | |
| | | |
| City/Town | State | Zip Code |
| | RHODE ISLAND | |
| | | |
| Street Address | | |
| | | |
| 0.7 | State | Zip Code |
| City/Town | RHODE ISLAND | |
| | KNOSE ISELIIUS | |
| Street Address | | |
| | | |
| | | Zıp Code |
| City/Town | State | Zip Code |
| | RHODE ISLAND | |
| Street Address | | |
| Officer Address | | |
| | | |
| City:Town | State | Zip Code |
| | RHODE ISLAND | |
| | | |
| Street Address | | |
| | | |
| City/Town | State | Zip Code |
| | RHODE ISLAND | |
| | | |
| Additional property addresses can be listed on an | | his box to indicate attachment |
| Under the penalty of perjury, I/we declare and affi | rm that I/we have examined this Design | ation of Agent for Nonresident |
| Landlord, including any accompanying attachmen | its, and that all statements contained he | |
| Type or Print Name of Landlord | | Date |
| Michael Sullivan | | 3/29/24 |
| Signature of Landlord | | |
| 1 Sul | | |
| Type or Pont Name of Landlord | | Date |
| Karen Sullivan | | 3/29/24 |
| Specture of Landlard | | 1-1-11 |
| Signature of Landlord | | |
| 1 | | |

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.

^{**}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.

RI SOS Filing Number: 202449989100 Date: 4/1/2024 1:14:00 PM



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:

April 01, 2024 01:14 PM

Gregg M. Amore

Secretary of State

Tregs M. Coure

