| I | State of Rhode Island Department of State - Business Services Division | RECEIV SECRETARY C CORPORATIO | | |
|---|---|-------------------------------------|-------------|--|
| - | nation of Agent for Nonresident Landlord Filing Fee | 2024 MAY 28 1 | n ., | |
| | t to the provisions of RIGL <u>34-18-22.3</u> , 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: | | | | | | |
| Jodi Schubert | | | | | | |
| 2. The address of the nonresident landlord is: | | | | | | |
| Street Address 4550 S. Curtiss Road | | | | | | |
| City/Town Stockton | State IL | Zip Code 61085 | | | | |
| 3. The name and address of the initial registered agent/office in Rhode Island is: | | | | | | |
| Agent Name Alyssa Bernal | | | | | | |
| Street Address (<u>NOT</u> a P.O. Box) 7592 Post Road #2 | | | | | | |
| City/Town North Kingstown | State RHODE ISLAND | Zip Code 02852 | | | | |
| 4. List the street address of each property designated to said agent: | | | | | | |
| Street Address 41 Bruster Drive | | | | | | |
| City/Town North Kingstown | State RHODE ISLAND | Zip Code 02852 | | | | |

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

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-FILED MAY 28 2024 n 11:34

FORM 658 - Revised: 6/2023

| Street Address | | | | | | | |
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| City/Town | State | Zip Code | | | | | |
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| Street Address | | | | | | | |
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| Gity/Town | State | Zip Code | | | | | |
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| Street Address | ▲ | | | | | | |
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| City/Town | State | Zip Code | | | | | |
| | RHODE ISLAND | | | | | | |
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| Additional property addresses can be listed on an attachmen | A Chealathi | s box to indicate attachment | | | | | |
| | | | | | | | |
| Under the penalty of perjury, I/we declare and affirm that I/we Landlord, including any accompanying attachments, and that | t nave examined this Designati t all statements contained here | on of Agent for Nonresident | | | | | |
| | | | | | | | |
| Type or Print Name of Landlord | | Date | | | | | |
| Jodi Schubert | | 5/20/2024 | | | | | |
| Signature of Landlard | | | | | | | |
| Signature of Landlord | | | | | | | |
| Jordin W. Saltot | | | | | | | |
| Type or Print Name of Landlord | · | Date | | | | | |
| | | | | | | | |
| · · · · · · · · · · · · · · · · · · · | | | | | | | |
| Signature of Landkord | | | | | | | |
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**RIGL <u>34-18-22.3</u> 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:

May 28, 2024 11:32 AM

Areg M. Couve

Gregg M. Amore Secretary of State

