

**State of Rhode Island  
Department of State - Business Services Division****RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIV****Designation of Agent for Nonresident Landlord****2024 JUN -3 PM 2: 20**

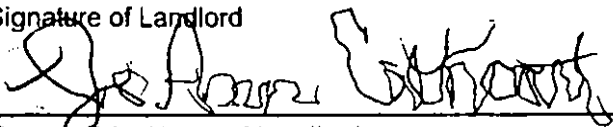
→ No Filing Fee

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:                                  |                       |                   |
| JoAnn Cathcart   |                       |                   |
| 2. The address of the nonresident landlord is:                                     |                       |                   |
| Street Address<br>9 Mount Hope Street  |                       |                   |
| City/Town<br>North Attleboro   | State<br>MA           | Zip Code<br>02760 |
| 3. The name and address of the initial registered agent/office in Rhode Island is: |                       |                   |
| Agent Name<br>Marc R. Colagiovanni   |                       |                   |
| Street Address (NOT a P.O. Box)<br>3010 Post Road                                  |                       |                   |
| City/Town<br>Warwick   | State<br>RHODE ISLAND | Zip Code<br>02886 |
| 4. List the street address of each property designated to said agent:              |                       |                   |
| Street Address<br>44 Owens Street  |                       |                   |
| City/Town<br>Warwick   | State<br>RHODE ISLAND | Zip Code<br>02889 |

**FILED****JUN 03 2024  
BY AA-2:20PM****MAIL TO:**

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

|   |                              |                        |
|---|------------------------------|------------------------|
| Street Address  |                              |                        |
| City/Town   | State<br><b>RHODE ISLAND</b> | Zip Code               |
| Street Address  |                              |                        |
| City/Town   | State<br><b>RHODE ISLAND</b> | Zip Code               |
| Street Address  |                              |                        |
| City/Town   | State<br><b>RHODE ISLAND</b> | Zip Code               |
| Street Address  |                              |                        |
| City/Town   | State<br><b>RHODE ISLAND</b> | Zip Code               |
| Street Address  |                              |                        |
| City/Town   | State<br><b>RHODE ISLAND</b> | Zip Code               |
| Street Address  |                              |                        |
| 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<br><b>JoAnn Cathcart</b>   |                              | Date<br><b>5.21.24</b> |
| Signature of Landlord<br>  |                              |                        |
| 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:

June 03, 2024 02:20 PM

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

Gregg M. Amore  
*Secretary of State*

