



State of Rhode Island  
Department of State - Business Services Division

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CORPORATE STATE  
2024 SEP -9 AM 11:35

## 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:

Lisa Snider

2. The address of the nonresident landlord is:

Street Address

5353 Sugar Hill Drive

City/Town

Houston

State

Tx

Zip Code

77056

3. The name and address of the initial registered agent/office in Rhode Island is:

Agent Name

Asa Montgomery Jr. Castle Keep Property Management

Street Address (NOT a P.O. Box)

680 Aquidneck Ave.

City/Town

Middletown

State

RHODE ISLAND

Zip Code

02842

4. List the street address of each property designated to said agent:

Street Address

12 Julia Court

City/Town

Middletown

State

RHODE ISLAND

Zip Code

02842

for certificate RE.04479-FTR

### MAIL TO:

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

FILED

SEP 09 2024

BY

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		
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
Lisa Lynette Snider		9/04/2024
Signature of Landlord		
Lisa L Snider		
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 9:30 a.m. and 4:30 p.m. or email [assessors@state.ct.gov](mailto:assessors@state.ct.gov)