



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: <i>Ruth G. McGuy Family Irrevocable TR / Allan F. McGuy Sr. Family IRR Trust + Remainder Share</i>		
2 The address of the nonresident landlord is:		
Street Address <i>17 Village Circle</i>		
City/Town <i>Milford</i>	State <i>MA</i>	Zip Code <i>01757</i>
3 The name and address of the initial registered agent/office in Rhode Island is:		
Agent Name <i>Robert Coughlin Apartment 1</i>		
Street Address (NOT a P.O. Box) <i>84 Tweed Street</i>		
City/Town <i>Pawtucket</i>	State <i>RHODE ISLAND</i>	Zip Code <i>02861</i>
4. List the street address of each property designated to said agent:		
Street Address <i>84 Tweed Street</i>		
City/Town <i>Pawtucket</i>	State <i>RHODE ISLAND</i>	Zip Code <i>02861</i>

### 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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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 <div style="font-family: cursive; font-size: 1.2em;">Wendy Lussier Trustee</div>		Date <div style="font-family: cursive; font-size: 1.2em;">9/23/24</div>
Signature of Landlord <div style="font-family: cursive; font-size: 1.2em;">Wendy Lussier</div>		
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:

September 26, 2024 11:47 AM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is fluid and cursive, with the first letters of each word being capitalized.

Gregg M. Amore  
*Secretary of State*

