



State of Rhode Island  
Department of State - Business Services Division

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**Designation of Agent for Nonresident Landlord**

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BUS SVCS DIV

→ No Filing Fee

2024 OCT 17 P 12:00

Pursuant to the provisions of RIGL 34-22-1, 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:

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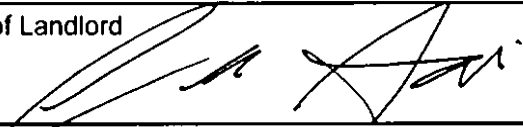
1. The name(s) of the nonresident landlord(s) is:		
Christopher H. Adamski		
2. The address of the nonresident landlord is:		
Street Address 498 Foam St suite 3		
City/Town Monterey	State CA	Zip Code 93940
3. The name and address of the initial registered agent/office in Rhode Island is:		
Agent Name Compass Management Corporation		
Street Address (NOT a P.O. Box) 35 Powel Ave		
City/Town Newport	State RHODE ISLAND	Zip Code 02840
4. List the street address of each property designated to said agent:		
Street Address 134 Swinburne Row		
City/Town Newport	State RHODE ISLAND	Zip Code 02840

FILED

OCT 17 2024

BY AA 12:00 PM

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 <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
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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
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 <b>Christopher H. Adamski</b>		Date <b>20241001</b>
Signature of Landlord 		
Type or Print Name of Landlord		Date
Signature of Landlord		

\*\*RIGL 4-16-2.3 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.



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:

October 17, 2024 12:00 PM

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

Gregg M. Amore  
*Secretary of State*

