
| State of Rhode Island Department of State - Business Services Designation of Agent for Nonresident Lan \rightarrow No Filing Fee | | NDA NON -P VII: 0P |
|---|--------------------|--------------------|
| Pursuant to the provisions of RIGL <u>34-18-22.3</u> , the undersigne Rhode Island, submits the following statement for the purpose | | lent of |
| 1 The name(s) of the nonresident landlord(s) is | | |
| KCDD Investment 4 LLC | | |
| 2. The address of the nonresident landlord is: | | |
| Street Address PO Box 1159 | | |
| City/Town | State | Zip Code |
| Deerfield | IL | 60015 EEDITS |
| 3. The name and address of the initial registered agent/office i | n Rhode Island is: | URSTANTIN |
| 1 Deer Held 3. The name and address of the initial registered agent/office i Agent Name LEGACY REAL ESTATE Street Address (NOT a P.O. Box) 11 S. ANGELL STREET # 310 | Company | MOENON-SUL |
| Street Address (<u>NOT</u> a P.O. Box) | | |
| 11 S. ANGELL STREET # 310 |) | |
| City/Town | State | Zip Code |
| PROVIDENCE | RHODE ISLAND | 02906 |
| 4. List the street address of each property designated to said | agent: | |
| Street Address 452 Putnam Pike | | |
| City/Town | State | Zip Code |
| SMITHFIELD | RHODE ISLAND | 02028 |

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

FILED NOV 08 2024 81.

ي المعققة م

.

•

_____

| City/Town | State RHODE ISLAND | Zip Code |
|--|--|--|
| Street Address | _1 | L ., |
| City/Town | State RHODE ISLAND | Zip Code |
| Street Address | - I | I |
| City/Town | State RHODE ISLAND | Zip Code |
| Street Address | .4 | . <u> </u> |
| City/Town | State RHODE ISLAND | Zip Code |
| Street Address | <u>]</u> | |
| City/Town | State RHODE ISLAND | Zip Code |
| Additional property addresses can be listed on an attachmen | | his box to indicate attachment |
| Under the penalty of perjury, I/we declare and affirm that I/we andlord, including any accompanying attachments, and that | all statements contained he | ation of Agent for Nonresident rein are true and correct. |
| ype or Print Name of Landlord KIM NGUYEN | | Date 10/28/24 |
| Signature of Landlord | | |
| Type or Print Name of Landlord | •••••••••••••••••••••••••••••••••••••• | Date |
| Signature of Landlord | | |
| | | FILED |

If you have any supplication of the second sec

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:

November 08, 2024 11:06 AM

Areg M. Couve

Gregg M. Amore Secretary of State

