



**State of Rhode Island  
Office of the Secretary of State**

**No Fee**

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non Resident Landlord  
Landlord Registration**

(Section 34-18-22.3 of the General Laws of Rhode Island, 1956, as amended)

**ARTICLE I**

The undersigned landlord, who is not a resident of the state of Rhode Island, submits the following statement for the purpose of appointing an agent in the State of Rhode Island

The name of the nonresident landlord is:

Felice M. Quigley

**Article II**

The address of the nonresident landlord is:

No. and Street: 29N NORTH SLOB

PO BOX 223363

City or Town: CHRISTIANSTED

State: VI

Zip: 00822

Country: USA

**ARTICLE III**

**NOTE: The registered agent must be a resident of this state or a corporation authorized to do business in this state.**

The Rhode Island street address (post office box not acceptable) of the landlord's resident agent:

No. and Street: 3 GORDON ST

City or Town: NEWPORT

State: RI

Zip: 02840

The name of the landlord's registered agent: ELIZABETH ENOCHS

**ARTICLE IV**

List the street address, city or town and zip code for each property designated to said agent.

**EXAMPLE: 148 W. River Street Providence RI 02904-2615**

**If there is more than one property, list the first property, PRESS the ENTER key. Keeping the cursor within the data entry box, continue this process until you have listed all of the property owned by the landlord and designated to the listed registered agent.**

48 THURSTON AVE, NEWPORT, RI 02840

I declare and affirm that all statements contained herein are true and correct.

**SIGNED UNDER THE PENALTIES OF PERJURY, this 9 Day of January, 2025,**  
**FELICE M. QUIGLEY**

Signature of each non-resident landlord listed

NOTE: Pursuant to the above statute, a designation of agent must also be filed with the clerk of the city or town wherein the dwelling unit is located. You should contact the city or town clerk prior to filing said designation to determine what additional filing requirements, if any, are necessary.

Non-Resident Landlord  
Revised 01/09

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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:

January 09, 2025 10:00 AM

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

Gregg M. Amore  
*Secretary of State*

