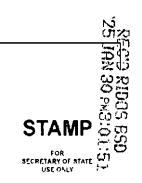
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## **Designation of Agent for Nonresident Landlord**

→ No Filing Fee

Pursuant to the provisions of RIGL <u>34-18-22.3</u> , the t Rhode Island, submits the following statement for th		
1. The name(s) of the nonresident landlord(s) is:		
Gerard Ashmore		
2. The address of the nonresident landlord is:	<del> </del>	
Street Address 19149 SW 80th Court		
City/Town Cutler Bay	State Florida	Zip Code 33157
3.The name and address of the initial registered ag	gent/office in Rhode Island is:	
Agent Name Mark Holland C/O Residential Prop	erties	
Street Address ( <u>NOT</u> a P.O. Box) 96 Table Rock	Road	
City/Town Wakefield	State RHODE ISLAND	Zip Code 02879
4. List the street address of each property designate	ted to said agent:	
Street Address 45 Lakeside Drive		
City/Town	State	Zip Code
Narrangansett	RHODE ISLAND	02882

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
STAMP
JAN 3 0 2025
BY MARCHAY

<u> </u>			
Street Address			
City/Town	State RHODE ISLAND	Zip Code	
Street Address			
City/Town	State RHODE ISLAND	Zip Code	
Street Address			
City/Town	State RHODE ISLAND	Zip Code	
Street Address			
City/Town	State RHODE ISLAND	Zip Code	
Street Address			
City/Town	State RHODE ISLAND	Zip Code	
Additional property addresses can be listed on an attachment.  Check this box to indicate attachment			
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.			
Type or Print Name of Landlord		Date	
Gerard Ashmore		01/29/2025	
Signature of Landlord			
Gerard Ashmore			
Type or Print Name of Landlord		Date	
Signature of Landlord			

<sup>\*\*</sup>RIGL <u>34-18-22.3</u> 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.

RI SOS Filing Number: 202563555340 Date: 1/30/2025 3:01:00 PM



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 30, 2025 03:01 PM

Gregg M. Amore Secretary of State

Tregs M. Coure

