



State of Rhode Island  
Department of State - Business Services Division

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SECRETARY OF STATE  
CORPORATIONS DIV

**Designation of Agent for Nonresident Landlord**

→ No Filing Fee

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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:

BANXA SENGSOUVANH

2. The address of the nonresident landlord is:

Street Address

857 DUNES DRIVE

City/Town

FLORENCE

State

South Carolina

Zip Code

29501

3. The name and address of the initial registered agent/office in Rhode Island is:

Agent Name

JOHN F. PELLIZZARI, ESQ.

Street Address (NOT a P.O. Box)

57 DENBY STREET

City/Town

WOONSOCKET

State

RHODE ISLAND

Zip Code

02895

4. List the street address of each property designated to said agent:

Street Address

129 SNOW STREET

City/Town

WOONSOCKET

State

RHODE ISLAND

Zip Code

02895

**MAIL TO:**

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

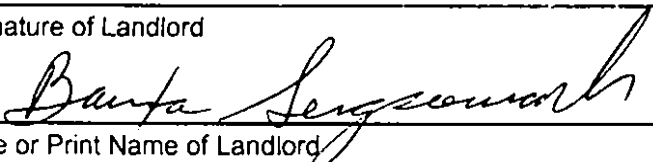
Website: [www.sos.ri.gov](http://www.sos.ri.gov)

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CB

BY \_\_\_\_\_

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		
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 <b>BANXA SENGSOUVANH</b>		Date X <b>1/19/2025</b>
Signature of Landlord X 		
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).**