



State of Rhode Island
Department of State - Business Services Division

Designation of Agent for Nonresident Landlord

→ No Filing Fee

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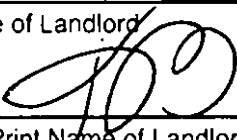
Pursuant to the provisions of RIGL 34-18-22.3, the undersigned landlord(s), who is not a resident of Rhode Island, submits the following statement for the purpose of appointing an agent in Rhode Island:

1. The name(s) of the nonresident landlord(s) is:		
Kimberly and Daniel Blumenthal		
2. The address of the nonresident landlord is:		
Street Address 10 Taylor Road		
City/Town Wellesley	State MA	Zip Code 02481
3. The name and address of the initial registered agent/office in Rhode Island is:		
Agent Name Ted Boddington		
Street Address (NOT a P.O. Box) 37 Old Stone Church Road		
City/Town Little Compton	State RHODE ISLAND	Zip Code 02837
4. List the street address of each property designated to said agent:		
Street Address 120E Sakonnet Point Road		
City/Town Little Compton	State RHODE ISLAND	Zip Code 02837

MAIL TO:

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

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Street Address		
City/Town	State RHODE ISLAND	Zip Code
Street Address		
City/Town	State RHODE ISLAND	Zip Code
Street Address		
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Street Address		
City/Town	State RHODE ISLAND	Zip Code
Street Address		
City/Town	State RHODE ISLAND	Zip Code
Street Address		
Additional property addresses can be listed on an attachment. Check this box to indicate attachment ☐		
<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 Kimberly Blumenthal		Date 1/29/25
Signature of Landlord 		
Type or Print Name of Landlord Daniel Blumenthal		Date 1/29/25
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.



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:

February 03, 2025 01:02 PM

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

