



State of Rhode Island
Department of State - Business Services Division

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Designation of Agent for Nonresident Landlord

→ No Filing Fee

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: Mocha Blue LLC		
2. The address of the nonresident landlord is:		
Street Address 14 Bardion Lane		
City/Town Harrison	State NY	Zip Code 10528
3. The name and address of the initial registered agent/office in Rhode Island is:		
Agent Name Allie Coonin		
Street Address (NOT a P.O. Box) 31 East Transit Street #1 (floor rear)		
City/Town Providence	State RHODE ISLAND	Zip Code 02906
4. List the street address of each property designated to said agent:		
Street Address 22 Namcook Rd		
City/Town Narragansett	State RHODE ISLAND	Zip Code 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

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FEB 27 2025

BY AA-251

pm.

Street Address		
City/Town	State RHODE ISLAND	Zip Code
Street Address		
City/Town	State RHODE ISLAND	Zip Code
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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 ☐		
<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 David Coonin (for Mocha Blue LLC)		Date 2/24/25
Signature of Landlord David Coonin		
Type or Print Name of Landlord Lauren Resnick (for Mocha Blue LLC)		Date 2/24/25
Signature of Landlord Lauren Resnick		

****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 27, 2025 02:51 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is written in a cursive style.

Gregg M. Amore
Secretary of State

