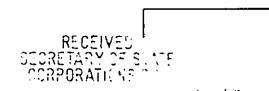
RI SOS Filing Number: 202566522880 Date: 3/6/2025 2:13:00 PM



State of Rhode Island Department of State - Business Services Division



Designation of Agent for Nonresident Landlord

2025 MAR -6 PM 2: 13

→ No Filing Fee

Pursuant to the provisions of RIGL <u>34-18-22.3</u> , the undersigne Rhode Island, submits the following statement for the purpose	* *		
The name(s) of the nonresident landlord(s) is:			
Claudine + Peter Protopis			
2. The address of the nonresident landlord is:	,		
Street Address 6 Sagamore Place			
City/Town	State	Zip Code	
Lynnfield	MA	01940	
3.The name and address of the initial registered agent/office in Rhode Island is:			
Agent Name Arthur Silva			
Street Address (NOT a P.O. Box) 100 Spencer Woods Drive			
City/Town	State	Zip Code	
East greenwich	RHODE ISLAND	02818	
4. List the street address of each property designated to said agent:			
Street Address 10 Calef Ave			
City/Town	State	Zip Code	
Narragansott	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



Street Address			
City/Town	State	Zip Code	
City/Town	RHODE ISLAND	Zip Code	
	KNODE ISLAND		
Street Address	 	<u> </u>	
City/Town	State /	Zip Code	
	RHODE ISLAND		
Street Address			
City/Town	/State	Zip Code	
Only Town	RHODE ISLAND	Lib 0000	
/	KNODE ISLAND	,	
Street Address			
City/Town /	State	Zip Code	
	RHODE ISLAND		
	<u> </u>		
Street Address			
City/Town	State	Zip Code	
/	RHODE ISLAND		
<i>[</i>	`		
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	
Claudine Prokopis		3/1/25	
*	· · · · · · · · · · · · · · · · · · ·		
Signature of Landlord			
Claudine Prokopis			
Type or Print Name of Landlord		Date	
		3/1/25	
Peter Prokopis			
Signature of Landlord			

^{**}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: 202566522880 Date: 3/6/2025 2:13:00 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:

March 06, 2025 02:13 PM

Gregg M. Amore Secretary of State

Tregs M. Coure

