

State of Rhode Island
Department of State - Business Services Division

-RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV

Designation of Agent for Nonresident Landlord

2025 MAR 12 PM 2:03

STAMP

→ 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:

AMIR SHAIKH

2. The address of the nonresident landlord is:

Street Address

134 DRUMLIN HILL RD

City/Town

BOLTON

State

MA

Zip Code

01740

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

Agent Name

NADZEM MOHAMMED

Street Address (NOT a P.O. Box)

34 RIVER RUN

City/Town

EAST GREENWICH

State

RHODE ISLAND

Zip Code

02818

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

Street Address

124 SHELTON ST

City/Town

PROVIDENCE

State

RHODE ISLAND

Zip Code

02906

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2815


Phone: (401) 222-3040

Website: www.sos.ri.gov

FILED

MAR 12 2025

BY

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
Street Address		
Additional property addresses can be listed on an attachment. Check this box to indicate attachment <input type="checkbox"/>		
<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 <div style="text-align: center; font-family: cursive;">AMIR SHAIKH</div>		Date <div style="text-align: center; font-family: cursive;">02/25/25</div>
Signature of Landlord <div style="text-align: center;"></div>		
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.



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:

March 12, 2025 02:03 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

