



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:

MZ Realty Holdings LLC

2. The address of the nonresident landlord is:

Street Address

PO Box 35309

City/Town

Brighton

State

MA

Zip Code

02135

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

Agent Name

Derek Grinkin

Street Address (NOT a P.O. Box)

~~PO Box 3434~~  
02852

87 LANTERN LANE  
NORTH KINGSTOWN, RI

City/Town

Newport

State

RHODE ISLAND

Zip Code

02840

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

Street Address

169 Aquidneck Ave, Units 1 & 2

City/Town

Middletown

State

RHODE ISLAND

Zip Code

02842

**MAIL TO:**

**Division of Business Services**

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

Phone: (401) 222-3040

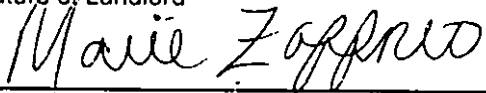
Website: [www.sos.ri.gov](http://www.sos.ri.gov)

FILED

MAR 24 2025

BY 

2:48

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
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 MZ Realty Holdings LLC, Marie Zoffreo		Date 2/6/25
Signature of Landlord 		
Type or Print Name of Landlord MARIE ZOFFREO		Date 2/6/25
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](mailto:corporations@sos.ri.gov).**