



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 _____, 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:

Claude & Teya Dupuis

2. The address of the nonresident landlord is:

Street Address

54 Tannery Hill Drive

City/Town

Hamburg

State

NJ

Zip Code

07419

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

Agent Name

Libby Kerwin

Street Address (NOT a P.O. Box)

99 Sachuest Way

City/Town

Middletown

State

RHODE ISLAND

Zip Code

02842

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

Street Address

20 Berkeley Avenue, Unit 5

City/Town

Newport

State

RHODE ISLAND

Zip Code

02840

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

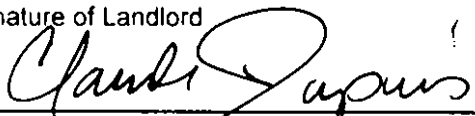
Website: www.sos.ri.gov

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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 ☐		
<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 Claude Dupuis		Date 05/23/25
Signature of Landlord 		
Type or Print Name of Landlord Teya Dupuis		Date 05/23/25
Signature of Landlord 		

****RIGL** 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:

June 10, 2025 11:50 AM

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

