



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Department of Administration

STATE PROPERTIES COMMITTEE
One Capitol Hill
Providence, RI 02908

CERTIFICATE OF DISCLOSURE OF PARTNERSHIP

- 1. Name of partnership (if any)
2. Type or character of business
3. Location of Principal Place of Business
4. Name of individuals having legal title to the property under lease to the State of Rhode Island: (complete only when subject partnership is landlord)

- 5. Property under lease to / from the State of Rhode Island covered by this certificate:
Location:
State Offices Occupying Property (if any):

6. Name and place of residence of each partner, general and limited partners being respectively designated:
Table with columns: NAME, RESIDENCE ADDRESS, TYPE OF ADDRESS

I hereby under oath make affidavit in my capacity as a partner and state that this certificate of disclosure is complete, true, and correct.

Signature of Partner Filing Certificate Date

STATE OF RHODE ISLAND

COUNTY OF

Subscribed and sworn to before me at this day of 2019.

Notary Public