



STATE OF RHODE ISLAND
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)

Four horizontal lines for providing names of individuals having legal title to the property.

- 5. Property under consideration for purchase or lease to / from the State of Rhode Island covered by this certificate:

Location: 48-50 Orms St. Providence, RI 02904

State Offices Occupying Property (if any):

- 6. Name and place of residence of each partner, general and limited partners being respectively designated:

Table with 3 columns: NAME, RESIDENCE ADDRESS, TYPE OF ADDRESS. Includes four rows of horizontal lines for data entry.

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 2026.

Notary Public