

THE CITY OF PROVIDENCE
STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

RESOLUTION OF THE CITY COUNCIL

No. 109

Approved March 6, 2006

RESOLVED, That the Tax Assessor is requested to apply the Homestead Exemption to the property located at 9 Raphael Avenue for the 2005 tax roll.

IN CITY COUNCIL
MAR 2 2006
READ AND PASSED

PRES.

CLERK

APPROVED

3/6/06

MANOR

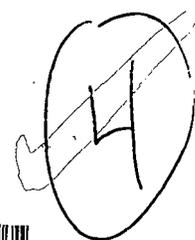
IN CITY COUNCIL
FEB 2 2006
FIRST READING
REFERRED TO COMMITTEE ON
FINANCE
Ann M. Steh CLERK

THE COMMITTEE ON
FINANCE
Approves Passage of
The Within Resolution
Ann M. Steh
2-9-06 Clerk

Councilwoman Romona, By Request

City of Providence
Declaration of Homestead

2005



Plat 097 Lot 0894 Unit 0000

097-0894-0000
9 Raphael Ave
01---Single Family



To the Providence City Assessor.
This is my **DECLARATION OF HOMESTEAD** in
the **CITY OF PROVIDENCE** that I am filing this day.

I hereby declare that I reside in and maintain a place of abode at:

9 RAPHAEL AVE
Number and Street Apt. Or Unit #

PROVIDENCE, Rhode Island 02904
City Zip Code

Which place of abode I recognize and intend to maintain as my permanent home and, if I maintain another place or places of abode in some other CITY/TOWN or state, I hereby declare that my above-described residence and abode in the CITY of PROVIDENCE constitutes my predominant and principal home, and I intend to continue it permanently as such. I, at the time of making this declaration, am a bona fide resident of the CITY of PROVIDENCE.

I formerly resided at: (If you previously resided in a different property less than three years ago, please print the address below. If same, print "SAME").

9 RAPHAEL AVE.
Number and Street Apt. Or Unit #
PROVIDENCE R.I. 02904
City, State, and Zip Code

TAX ASSESSOR'S OFFICE
PROVIDENCE, RI
2005 DEC 22 AM 8:15

I understand that I shall furnish proof of residence (see back of form) in accordance with Chapter 2001 No. 398 of the Ordinances of the City of Providence.

By Checking ALL of the following boxes, AND signing below, I swear that I:

- Own [(Am a natural person(s)) holding legal title] my residence (home) as of December 31st
- Actually reside (live) in my residence as of December 31st
- Am a permanent Providence resident as of December 31st
- Am clear of Housing Court Judgments as of December 31st

Under penalties of perjury, I declare that I have read the foregoing application and that the facts stated in it are true.

allan J Morein
Signature
ALLAN J. MOREIN
Print Name
401 521 2159
Phone Number

State of Rhode Island
City of Providence

Sworn to and subscribed before me this 12th day of December, 2005 by the above named, who

Is personally known to me or has produced the following type of ID: RAI, E

Juan E. Funes
Signature of Notary
Commission Expires: 1/8/06

Juan E. Funes
Print, Type or Stamp Commissioned Name
Commission Number: 49212

MUNICIPAL LIEN CERTIFICATE

CITY OF PROVIDENCE - OFFICE OF THE COLLECTOR
 CITY HALL PROVIDENCE, R.I. 02903 (401) 331-5252

| DATE | PLAT | LOT | UNIT | LOCATION | CERT # | PAGE |
|-------------------|------|------|------|---------------|--------|------|
| February 08, 2006 | 097 | 0894 | 0000 | 9 Raphael Ave | 42,683 | 1 |

ASSESSED ALLAN M MOREIN
 OWNER

STATUS OF REAL ESTATE BILL AS OF DATE PRINTED

| YR | TYPE | ORIGINAL TAX | CHARGE | ADJUSTMENT ABATEMENT | PAID | BALANCE DUE | INTEREST | TOTAL DUE | BILL NAME |
|----|------|-------------------|---------------|----------------------|-------------------|------------------|---------------|------------------|----------------|
| 05 | RE | \$3,996.16 | \$0.00 | (\$1,013.98) | \$2,997.12 | (\$14.94) | \$0.00 | (\$14.94) | ALLAN M MOREIN |
| | | <u>\$3,996.16</u> | <u>\$0.00</u> | <u>(\$1,013.98)</u> | <u>\$2,997.12</u> | <u>(\$14.94)</u> | <u>\$0.00</u> | <u>(\$14.94)</u> | |

NOTE - INTEREST SHOWN IS VALID FOR 30 DAYS FROM DATE ISSUED. ADDITIONAL CHARGES MAY APPLY IF PAYMENT IS RECEIVED LATER THAN 30 DAYS FROM DATE.

NOTE - PLEASE BE AWARE THAT UNPAID TAXES MAY BE SUBJECT TO TAX SALE.

PLEASE CONTACT THE WATER SUPPLY BOARD AT 521-6300
 PLEASE CONTACT THE NARRAGANSETT BAY COMMISSION AT 461-8828

C E R T I F I C A T I O N

THIS IS TO CERTIFY THAT THE ABOVE IS TRUE AND CORRECT, SAID CERTIFICATION BEING GIVEN IN ACCORDANCE WITH 44-7-11 OF THE GENERAL LAWS OF RHODE ISLAND 1956, AS OF THE DATE PRINTED ABOVE.

MAILED TO: City Council
 City of Providence



ROBERT P. CEPRANO
 TAX COLLECTOR

MARC CASTALDI
 DEPUTY COLLECTOR

THE CITY OF PROVIDENCE
STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

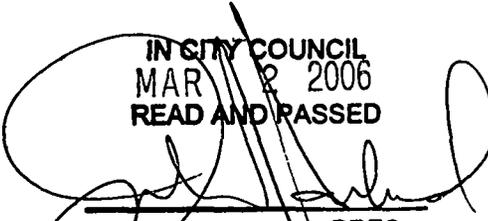
RESOLUTION OF THE CITY COUNCIL

No. 110

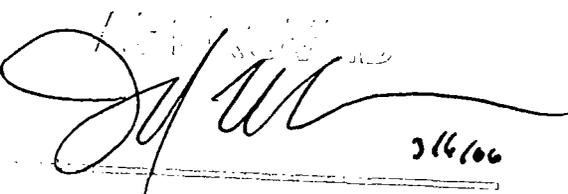
Approved March 6, 2006

RESOLVED, That the Tax Assessor is requested to apply the Homestead Exemption to the property located at 16 Linda Court for the 2005 tax roll.

IN CITY COUNCIL
MAR 2 2006
READ AND PASSED


PRES.


CLERK


3/6/06

IN CITY COUNCIL
FEB 2 2006
FIRST READING
REFERRED TO COMMITTEE ON
FINANCE
Ann M. Ste... Clerk

THE COMMITTEE ON
FINANCE
Approves Passage of
The Within Resplution
Ann M. Ste...
2-9-06 Clerk

Councilwoman Romera, By Request

City of Providence
Declaration of Homestead

4/2/04

2005

Plat 077 Lot 0843 Unit 0000

077-0843-0000

16 Linda Ct

01---Single Famil



2005 AUG 29 A 10:34

TAX ASSESSOR'S OFFICE
PROVIDENCE, RI

To the Providence City Assessor.

This is my **DECLARATION OF HOMESTEAD** in the **CITY OF PROVIDENCE** that I am filing this day.

I hereby declare that I reside in and maintain a place of abode at:

4

16 Linda Ct
Number and Street Apt. Or Unit #

Providence RI, Rhode Island 02904
City Zip Code

Which place of abode I recognize and intend to maintain as my permanent home and, if I maintain another place or places of abode in some other CITY/TOWN or state, I hereby declare that my above-described residence and abode in the CITY of PROVIDENCE constitutes my predominant and principal home, and I intend to continue it permanently as such. I, at the time of making this declaration, am a bona fide resident of the CITY of PROVIDENCE.

I formerly resided at: (If you previously resided in a different property less than three years ago, please print the address below. If same, print "SAME").

Number and Street Apt. Or Unit #

City, State, and Zip Code

I understand that I shall furnish proof of residence (see back of form) in accordance with Chapter 2001-25 No. 398 of the Ordinances of the City of Providence.

By Checking ALL of the following boxes, AND signing below, I swear that I:

- Own [(Am a natural person(s)) holding legal title] my residence (home) as of December 31st
- Actually reside (live) in my residence as of December 31st
- Am a permanent Providence resident as of December 31st
- Am clear of Housing Court Judgments as of December 31st

Under penalties of perjury, I declare that I have read the foregoing application and that the facts stated in it are true.

[Signature]
Signature

Robin v. OLIVA
Print Name

State of Rhode Island
City of Providence
Sworn to and subscribed before me this 24 day of August 2005 Phone Number 401-861-3591 by the above named, who

Is personally known to me or has produced the following type of ID: [Signature]

[Signature]
Signature of Notary
Commission Expires: #49211 1/06

[Signature]
Print, Type or Stamp Commissioned Name
Commission Number:

MUNICIPAL LIEN CERTIFICATE

CITY OF PROVIDENCE - OFFICE OF THE COLLECTOR
 CITY HALL PROVIDENCE, R.I. 02903 (401) 331-5252

| DATE | PLAT | LOT | UNIT | LOCATION | CERT # | PAGE |
|-------------------|------|------|------|-------------|--------|------|
| February 08, 2006 | 077 | 0843 | 0000 | 16 Linda Ct | 42,684 | 1 |

ASSESSED ROBIN U OLIVA
 OWNER

STATUS OF REAL ESTATE BILL AS OF DATE PRINTED

| YR | TYPE | ORIGINAL TAX | CHARGE | ADJUSTMENT ABATEMENT | PAID | BALANCE DUE | INTEREST | TOTAL DUE | BILL NAME |
|----|------|-------------------|---------------|----------------------|-------------------|------------------|---------------|------------------|---------------|
| 05 | RE | \$3,742.96 | \$0.00 | (\$949.71) | \$2,807.22 | (\$13.97) | \$0.00 | (\$13.97) | ROBIN U OLIVA |
| | | <u>\$3,742.96</u> | <u>\$0.00</u> | <u>(\$949.71)</u> | <u>\$2,807.22</u> | <u>(\$13.97)</u> | <u>\$0.00</u> | <u>(\$13.97)</u> | |

NOTE - INTEREST SHOWN IS VALID FOR 30 DAYS FROM DATE ISSUED. ADDITIONAL CHARGES MAY APPLY IF PAYMENT IS RECEIVED LATER THAN 30 DAYS FROM DATE.

NOTE - PLEASE BE AWARE THAT UNPAID TAXES MAY BE SUBJECT TO TAX SALE.

PLEASE CONTACT THE WATER SUPPLY BOARD AT 521-6300
 PLEASE CONTACT THE NARRAGANSETT BAY COMMISSION AT 461-8828

C E R T I F I C A T I O N

THIS IS TO CERTIFY THAT THE ABOVE IS TRUE AND CORRECT, SAID CERTIFICATION BEING GIVEN IN ACCORDANCE WITH 44-7-11 OF THE GENERAL LAWS OF RHODE ISLAND 1956, AS OF THE DATE PRINTED ABOVE.

MAILED TO: City Council
 City of Providence

Robert P. Ceprano

ROBERT P. CEPRANO
 TAX COLLECTOR

MARC CASTALDI
 DEPUTY COLLECTOR

THE CITY OF PROVIDENCE
STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

RESOLUTION OF THE CITY COUNCIL

No. 111

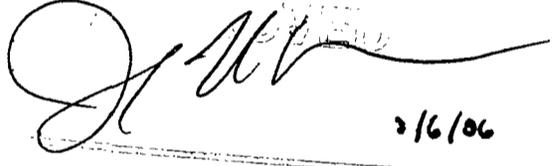
Approved March 6, 2006

RESOLVED, That the Tax Assessor is requested to apply the Homestead Exemption to the property located at 162 Prospect Street for the 2005 tax roll.

IN CITY COUNCIL
MAR 2 2006
READ AND PASSED


PRES.


CLERK


3/6/06

111106

IN CITY COUNCIL
FEB 2 2006
FIRST READING
REFERRED TO COMMITTEE ON
FINANCE

Ann M. Stein

THE COMMITTEE ON
FINANCE
Approves Passage of
The Within Resolution

Ann M. Stein
Clerk

2-9-06

Genevieve Williams, By Request

City of Providence Declaration of Homestead

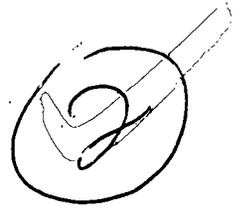
2005

Plat 009 Lot 0258 Unit 0003

009-0258-0003

160 Prospect St

02---2 -5 Family



To the Providence City Assessor.

This is my **DECLARATION OF HOMESTEAD** in the **CITY OF PROVIDENCE** that I am filing this day.

I hereby declare that I reside in and maintain a place of abode at:

162 Prospect St. # 3
Number and Street Apt. Or Unit #

Providence, Rhode Island 02906
City Zip Code

Which place of abode I recognize and intend to maintain as my permanent home and, if I maintain another place or places of abode in some other CITY/TOWN or state, I hereby declare that my above-described residence and abode in the CITY of PROVIDENCE constitutes my predominant and principal home, and I intend to continue it permanently as such. I, at the time of making this declaration, am a bona fide resident of the CITY of PROVIDENCE.

I formerly resided at: (If you previously resided in a different property less than three years ago, please print the address below. If same, print "SAME").

173 Congdon Street # 3
Number and Street Apt. Or Unit #

Providence, RI 02906
City, State, and Zip Code

TAX ASSESSOR'S OFFICE
PROVIDENCE, RI
2005 DEC 27 P 1:30

I understand that I shall furnish proof of residence (see back of form) in accordance with Chapter 200-11 No. 398 of the Ordinances of the City of Providence.

By Checking ALL of the following boxes, **AND** signing below, I swear that I:

- Own [(Am a natural person(s)) holding legal title] my residence (home) as of December 31st
- Actually reside (live) in my residence as of December 31st
- Am a permanent Providence resident as of December 31st
- Am clear of Housing Court Judgments as of December 31st

Under penalties of perjury, I declare that I have read the foregoing application and that the facts stated in it are true.

Scott Walker
Signature
Scott Walker
Print Name
401-419-3930
Phone Number

State of Rhode Island
City of Providence

Sworn to and subscribed before me this 27th day of December, 2005 by the above named, who

Is personally known to me or has produced the following type of ID: RI Lic

[Signature]
Signature of Notary
Commission Expires: 1/8/06

Juan E. Funes
Print, Type or Stamp Commissioned Name
Commission Number: 49212

MUNICIPAL LIEN CERTIFICATE
 CITY OF PROVIDENCE - OFFICE OF THE COLLECTOR
 CITY HALL PROVIDENCE, R.I. 02903 (401) 331-5252

| DATE | PLAT | LOT | UNIT | LOCATION | CERT # | PAGE |
|-------------------|------|------|------|-----------------|--------|------|
| February 08, 2006 | 009 | 0258 | 0001 | 160 Prospect St | 42,692 | 1 |

ASSESSED AISHAH RAHMAN
 OWNER

STATUS OF REAL ESTATE BILL AS OF DATE PRINTED

| YR | TYPE | ORIGINAL TAX | CHARGE | ADJUSTMENT ABATEMENT | PAID | BALANCE DUE | INTEREST | TOTAL DUE | BILL NAME |
|----|------|-------------------|---------------|----------------------|-------------------|-----------------|---------------|-----------------|---------------|
| 05 | RE | \$3,914.80 | \$0.00 | \$0.00 | \$2,936.10 | \$978.70 | \$0.00 | \$978.70 | AISHAH RAHMAN |
| | | <u>\$3,914.80</u> | <u>\$0.00</u> | <u>\$0.00</u> | <u>\$2,936.10</u> | <u>\$978.70</u> | <u>\$0.00</u> | <u>\$978.70</u> | |

NOTE - INTEREST SHOWN IS VALID FOR 30 DAYS FROM DATE ISSUED. ADDITIONAL CHARGES MAY APPLY IF PAYMENT IS RECEIVED LATER THAN 30 DAYS FROM DATE.

NOTE - PLEASE BE AWARE THAT UNPAID TAXES MAY BE SUBJECT TO TAX SALE.

PLEASE CONTACT THE WATER SUPPLY BOARD AT 521-6300
 PLEASE CONTACT THE NARRAGANSETT BAY COMMISSION AT 461-8828.

C E R T I F I C A T I O N

THIS IS TO CERTIFY THAT THE ABOVE IS TRUE AND CORRECT, SAID CERTIFICATION BEING GIVEN IN ACCORDANCE WITH 44-7-11 OF THE GENERAL LAWS OF RHODE ISLAND 1956, AS OF THE DATE PRINTED ABOVE.

MAILED TO: City Council
 City of Providence

Robert P. Ceprano

ROBERT P. CEPRANO
 TAX COLLECTOR

MARC CASTALDI
 DEPUTY COLLECTOR