

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. Stein CLERK

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

Councilwoman Romona, By Request

City of Providence
Declaration of Homestead

2005

4

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

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

Signature of Notary

Commission Expires: 1/18/06

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 12 2006
READ AND PASSED

PRES.

CLERK

3/6/06

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

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

Councilwoman Romans, 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 Family



2005 AUG 28 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:

16 Linda Ct

Number and Street

Apt. Or Unit #

Providence RI

City

Rhode Island 02904

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

Print Name

Robin v. OLIVA

State of Rhode Island

City of Providence

Sworn to and subscribed before me this 24 day of August 2005 by the above named, who

☐ Is personally known to me or ☒ has produced the following type of ID: RTD

Signature of Notary

Commission Expires: #49211 1/06

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.

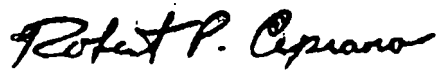
NOTE - PLEASE BE AWARE THAT UNPAID TAXES MAY BE SUBJECT TO TAX SALE.

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
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 12 2006
READ AND PASSED

PRES.

CLERK

3/6/06

IN CITY COUNCIL
FEB 2 2006
FIRST READING
REFERRED TO COMMITTEE ON
FINANCE
Anna M. Stein

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

Caroleeoma Williams, By Request

City of Providence

Declaration of Homestead

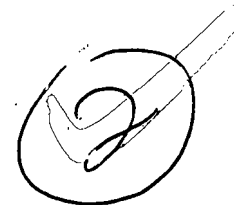
2005

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

I understand that I shall furnish proof of residence (see back of form) in accordance with Chapter 200 of the 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

Print Name

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 ID

Signature of Notary

Commission Expires: 1/8/06

Print, Type or Stamp Commissioned Name

Commission Number: 49214

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
TAX COLLECTOR

MARC CASTALDI
DEPUTY COLLECTOR