

THE CITY OF PROVIDENCE  
STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

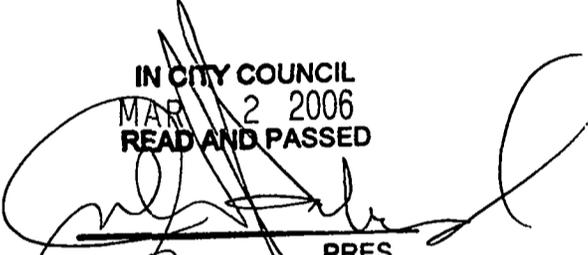
# RESOLUTION OF THE CITY COUNCIL

No. 106

*Approved* March 6, 2006

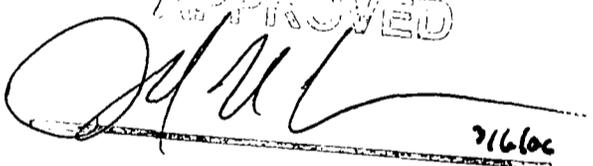
RESOLVED, That the Tax Assessor is requested to apply the Homestead Exemption to the property located at 219 Ivy Street for the 2005 tax roll.

IN CITY COUNCIL  
MAR 2 2006  
READ AND PASSED

  
PRES.

  
CLERK

APPROVED

  
716loc

MEMOR

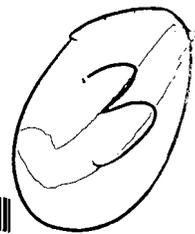
IN CITY COUNCIL  
FEB 2 2006  
FIRST READING  
REFERRED TO COMMITTEE ON  
FINANCE  
Am M. Steen CLERK

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

Benjamin Jackson, By Request

# City of Providence Declaration of Homestead

2005



Plat 006 Lot 0422 Unit 0000

006-0422-0000

219 Ivy 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:

219 Ivy St  
Number and Street Apt. Or Unit #

Providence, Rhode Island 02906  
City Zip Code

TAX ASSESSOR'S OFFICE  
PROVIDENCE, RI  
2005 AUG 26 10 28 AM '05

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").

219 Ivy St  
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 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 31<sup>st</sup>
- Actually reside (live) in my residence as of December 31<sup>st</sup>
- Am a permanent Providence resident as of December 31<sup>st</sup>
- Am clear of Housing Court Judgments as of December 31<sup>st</sup>

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

[Signature]  
Signature  
Ann Metzeel  
Print Name  
401 831 9041  
Phone Number

State of Rhode Island  
City of Providence

Sworn to and subscribed before me this 26<sup>th</sup> day of August, 2005 by the above named, who

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

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

JUAN C 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	006	0422	0000	219 Ivy St	42,680	1

ASSESSED ANN METZGER  
 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	\$5,916.24	\$0.00	(\$1,501.14)	\$4,437.18	(\$22.08)	\$0.00	(\$22.08)	ANN METZGER
		<u>\$5,916.24</u>	<u>\$0.00</u>	<u>(\$1,501.14)</u>	<u>\$4,437.18</u>	<u>(\$22.08)</u>	<u>\$0.00</u>	<u>(\$22.08)</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

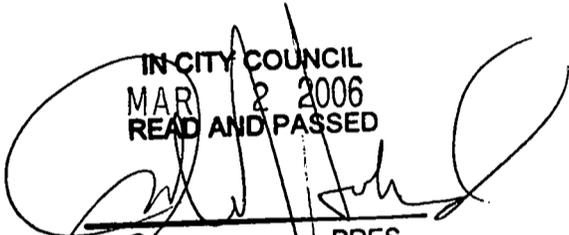
# RESOLUTION OF THE CITY COUNCIL

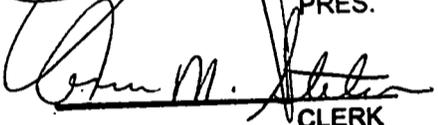
No. 107

*Approved* March 6, 2006

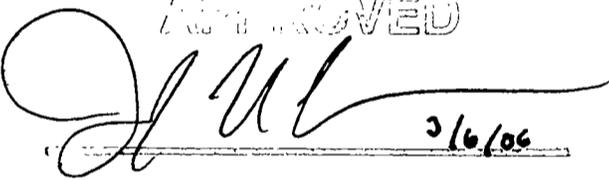
RESOLVED, That the Tax Assessor is requested to apply the Homestead Exemption to the property located at 149-151 Gallatin Street for the 2005 tax roll.

IN CITY COUNCIL  
MAR 2 2006  
READ AND PASSED

  
PRES.

  
CLERK

APPROVED

  
3/6/06

MAYOR

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

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

Councilman Luna, By Request

# City of Providence Declaration of Homestead

2005

Plat 052 Lot 0255 Unit 0000

052-0255-0000

149 Gallatin 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:

149-151 GALLATIN ST.  
Number and Street Apt. Or Unit #

PROVIDENCE, Rhode Island 02907  
City Zip Code

9

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.

TAX ASSESSOR'S OFFICE  
PROVIDENCE, RI 02907  
2005 DEC -6 A 11:57

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 31<sup>st</sup>
- Actually reside (live) in my residence as of December 31<sup>st</sup>
- Am a permanent Providence resident as of December 31<sup>st</sup>
- Am clear of Housing Court Judgments as of December 31<sup>st</sup>

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

Cecilia Bolivar  
Signature CECILIA

Print Name  
(401) 985-0680  
Phone Number

State of Rhode Island  
City of Providence

Sworn to and subscribed before me this 6<sup>th</sup> day of December, 2005 by the above named, who

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

[Signature]  
Signature of Notary

Juan C. Funes  
Print, Type or Stamp Commissioned Name

Commission Expires: 1/8/06

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	052	0255	0000	149 Gallatin St	42,682	1

ASSESSED CECILIA Bolivar  
 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	\$3,777.40	\$0.00	(\$958.46)	\$2,833.05	(\$14.11)	\$0.00	(\$14.11)	CECILIA Bolivar
		<u>\$3,777.40</u>	<u>\$0.00</u>	<u>(\$958.46)</u>	<u>\$2,833.05</u>	<u>(\$14.11)</u>	<u>\$0.00</u>	<u>(\$14.11)</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

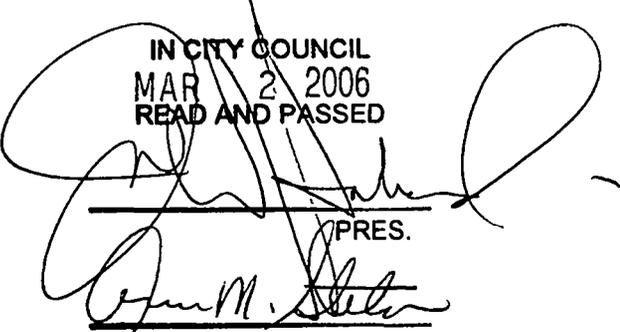
# RESOLUTION OF THE CITY COUNCIL

No. 108

Approved March 6, 2006

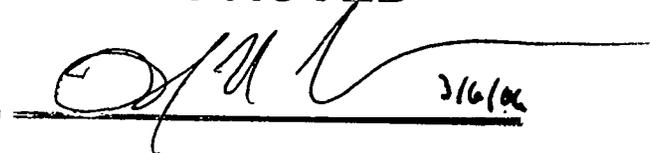
RESOLVED, That the Tax Assessor is requested to apply the Homestead Exemption to the property located at 11-13 Balcom Street for the 2005 tax roll.

IN CITY COUNCIL  
MAR 2 2006  
READ AND PASSED

  
PRES.

  
CLERK

APPROVED

  
MAYOR

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

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

*Consuelma Luna, By Request*

# City of Providence Declaration of Homestead

2005

Plat 053 Lot 0469 Unit 0000

053-0469-0000

11 Balcom St

02--2-5 Family



9

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:

11-13 Balcom st

Number and Street

Apt. Or Unit #

PROVIDENCE

City

Rhode Island

02905

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").

24 Wesleyan st.

Number and Street

Apt. Or Unit #

PROV. RI 02909

City, State, and Zip Code

I understand that I shall furnish proof of residence (see back of form) in accordance with Chapter 2001-2, 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 31<sup>st</sup>
- Actually reside (live) in my residence as of December 31<sup>st</sup>
- Am a permanent Providence resident as of December 31<sup>st</sup>
- Am clear of Housing Court Judgments as of December 31<sup>st</sup>

TAX ASSESSOR'S OFFICE  
PROVIDENCE, RI  
2005 NOV 15 A 9:31

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

Augusto Isabel  
Signature

Print Name AUGUSTO ISABEL

Phone Number 401-263-74-71

State of Rhode Island

City of Providence

Sworn to and subscribed before me this 15<sup>th</sup> day of November, 2005 by the above named, who

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

[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	053	0469	0000	11 Balcom St	42,690	1

ASSESSED AUGUSTO ISABEL  
 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	\$3,208.28	\$0.00	(\$1,600.75)	\$0.00	\$1,607.53	\$128.60	\$1,736.13	AUGUSTO ISABEL
		<u>\$3,208.28</u>	<u>\$0.00</u>	<u>(\$1,600.75)</u>	<u>\$0.00</u>	<u>\$1,607.53</u>	<u>\$128.60</u>	<u>\$1,736.13</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