

RESOLUTION OF THE CITY COUNCIL

No. 918

Approved December 23, 1975

RESOLVED, That the accompanying certificates, numbers 3617 thru 3632 (except nox. 3621, 3624 and 3625) representing overpayment of City Taxes for the year 1975 are hereby refunded in the amounts overpaid.

IN CITY COUNCIL

DEC 18 1975
READ AND PASSED

Robert J. Weston
PRES.
Vincent Cooper
CLERK

APPROVED
Uncle A. Caney Jr.
MAYOR

DEC 23 1975

DEC 4 1975
CITY OF PROVIDENCE

IN CITY COUNCIL

DEC 4 1975
FIRST READING
REFERRED TO COMMITTEE ON

FINANCE

Vincent Maspi
CLERK

THE COMMITTEE ON
FINANCE

Approves Passage of
The Within Resolution

Vincent Maspi
DEC. 4/1975 Clerk

Councilman Lynch,
Councilman Addison and
Councilman Geron, by Request

NOV 24 9 38 AM '75
DEPT. OF CITY CLERK
PROVIDENCE, R.I.

FILED

OVERPAYMENT OF 1975
TAX ASSESSED Dec. 31, 1974

CERT. NO. O- 3617

PREP. BY d.l.
DATE 10-29-75
BOOK _____ GROUP _____

LIST NO. 04-177-190 NAME Americo Del Selva M.D.
STREET 171 Broadway
CITY Providence, R.I.

ORIGINAL ASSESSMENT	on Plat 28 Lot 247 - See additional	\$	00	00
CERTIFIED ADDITIONS:	Overpayment on #3550			
ASSESSORS CERT. NO.	DATE APPD.	\$		
VOLUNTARY TAX PAID		\$		
GIVEN LIST NO.	DATE	\$		
TOTAL CHARGES			00	00
CERTIFIED ABATEMENT				
ASSESSORS CERT. NO.	DATE APPD.	\$		
BALANCE		\$	00	00
TAXES PAID:	DATE	AMOUNT		
	<u>10-24-75</u>	<u>"Y"</u>	\$	<u>308.85</u>
			\$	<u>308.85</u>
AMOUNT OVERPAID		\$	<u>308</u>	<u>85</u>

APPROVED BY _____ DATE _____
ENTERED ON OVERPAYMENT CONTROL PAGE _____ LINE _____ J. V. NO. _____

DISPOSITION

RECOMMENDED TO COUNCIL FOR REFUND _____
APPROVED BY COUNCIL DATE _____ RES. NO. _____
AMOUNT REFUNDED: _____
DATE _____ CHECK NO. _____ AMOUNT \$ _____
CREDITED TO TAX COLLECTIONS: DATE _____ AMOUNT \$ _____
OTHER DISPOSITION: _____

OVERPAYMENT OF 1975
TAX ASSESSED Dec. 31, 1974

CERT. NO. O- 3618

PREP. BY d.l.
DATE 10-29-75
BOOK _____ GROUP _____

LIST NO. 06-052-430 NAME Farview Inc. c/o G.L. & H.J. Gross Inc.
STREET 1100 Turks Head Bldg.
CITY Providence, R.I.

ORIGINAL ASSESSMENT	<u>on Plat 12 Lots 231, 232, 233</u>	\$	<u>973</u>	<u>24</u>
CERTIFIED ADDITIONS:	_____			
ASSESSORS CERT. NO.	_____ DATE APPD. _____	\$		
VOLUNTARY TAX PAID	_____			
GIVEN LIST NO.	_____ DATE _____	\$		
TOTAL CHARGES			<u>973</u>	<u>24</u>
CERTIFIED ABATEMENT				
ASSESSORS CERT. NO.	_____ DATE APPD. _____	\$		
BALANCE		\$	<u>973</u>	<u>24</u>
TAXES PAID:	DATE	AMOUNT		
	<u>7-29-75 "Y"</u>	<u>\$ 243.30</u>		
	<u>10-3-75 "A"</u>	<u>729.94</u>		
	<u>10-23-75 "F"</u>	<u>243.32</u>		
			\$	<u>1216 56</u>
AMOUNT OVERPAID		\$	<u>243</u>	<u>32</u>

APPROVED BY _____ DATE _____
ENTERED ON OVERPAYMENT CONTROL PAGE _____ LINE _____ J. V. NO. _____

DISPOSITION

RECOMMENDED TO COUNCIL FOR REFUND _____
APPROVED BY COUNCIL DATE _____ RES. NO. _____
AMOUNT REFUNDED: _____
DATE _____ CHECK NO. _____ AMOUNT \$ _____
CREDITED TO TAX COLLECTIONS: DATE _____ AMOUNT \$ _____
OTHER DISPOSITION: _____

OVERPAYMENT OF 1975
TAX ASSESSED Dec. 31, 1974

CERT. NO. O- 3619

PREP. BY d.l.
DATE 10-29-75
BOOK _____ GROUP _____

LIST NO 11-119-450 NAME Elaine M. Kerfoot

STREET 675 River Avenue

CITY Providence, R.I.

ORIGINAL ASSESSMENT <u>on M.V.</u>	\$	5	80
CERTIFIED ADDITIONS:			
ASSESSORS CERT. NO. _____ DATE APPD. _____	\$		
VOLUNTARY TAX PAID _____			
GIVEN LIST NO. _____ DATE _____	\$		
TOTAL CHARGES		5	80
CERTIFIED ABATEMENT _____			
ASSESSORS CERT. NO. _____ DATE APPD. _____	\$		
BALANCE	\$	5	80
TAXES PAID:	DATE	AMOUNT	
	<u>7-14-75 "Y"</u>	<u>\$ 1.45</u>	
	<u>10-10-75 "W"</u>	<u>4.35</u>	
	<u>10-23-75 "F"</u>	<u>1.45</u>	
			\$ 7 25
AMOUNT OVERPAID	\$	1	45

APPROVED BY _____ DATE _____
ENTERED ON OVERPAYMENT CONTROL PAGE _____ LINE _____ J. V. NO. _____

DISPOSITION

RECOMMENDED TO COUNCIL FOR REFUND. _____
APPROVED BY COUNCIL DATE _____ RES. NO. _____
AMOUNT REFUNDED: _____
DATE _____ CHECK NO. _____ AMOUNT \$ _____
CREDITED TO TAX COLLECTIONS: DATE _____ AMOUNT \$ _____
OTHER DISPOSITION: _____

OVERPAYMENT OF 1975
TAX ASSESSED Dec. 31, 1974

CERT. NO. O- 3620

PREP. BY d.l.
DATE 10-29-75
BOOK _____ GROUP _____

LIST NO. 11-119-460 NAME Robert B. Kerfoot
STREET 675 River Avenue
CITY Providence, R.I.

ORIGINAL ASSESSMENT <u>on M.V.</u>	\$	82	36
CERTIFIED ADDITIONS:			
ASSESSORS CERT. NO. _____ DATE APPD. _____	\$		
VOLUNTARY TAX PAID _____			
GIVEN LIST NO. _____ DATE _____	\$		
TOTAL CHARGES		82	36
CERTIFIED ABATEMENT _____			
ASSESSORS CERT. NO. _____ DATE APPD. _____	\$		
BALANCE	\$	82	36
TAXES PAID:			
DATE AMOUNT			
<u>7-11-75 "Y"</u>	\$	20.59	
<u>10-10-75 "W"</u>		61.77	
<u>10-23-75 "F"</u>		20.59	
	\$	102	95
AMOUNT OVERPAID	\$	20	59

APPROVED BY _____ DATE _____
ENTERED ON OVERPAYMENT CONTROL PAGE _____ LINE _____ J. V. NO. _____

DISPOSITION

RECOMMENDED TO COUNCIL FOR REFUND _____
APPROVED BY COUNCIL DATE _____ RES. NO. _____
AMOUNT REFUNDED: _____
DATE _____ CHECK NO. _____ AMOUNT \$ _____
CREDITED TO TAX COLLECTIONS: DATE _____ AMOUNT \$ _____
OTHER DISPOSITION: _____

OVERPAYMENT OF 1975
TAX ASSESSED Dec. 31, 1974

CERT. NO. O- 3622

PREP. BY d.l.

DATE 10-29-75

BOOK _____ GROUP _____

LIST NO. 16-068-100 NAME Leo T. Paquin

STREET 9 Thurston Street

CITY Providence, R.I.

ORIGINAL ASSESSMENT	<u>on M.V.</u>	\$	<u>42</u>	<u>34</u>
CERTIFIED ADDITIONS:				
ASSESSORS CERT. NO.	_____	DATE APPD.	_____	\$ _____
VOLUNTARY TAX PAID	_____			
GIVEN LIST NO.	_____	DATE	_____	\$ _____
TOTAL CHARGES			<u>42</u>	<u>34</u>
CERTIFIED ABATEMENT	_____			
ASSESSORS CERT. NO.	_____	DATE APPD.	_____	\$ _____
BALANCE		\$	<u>42</u>	<u>34</u>
TAXES PAID:	DATE	AMOUNT		
	<u>7-22-75 "F"</u>	<u>\$ 10.58</u>		
	<u>10-15-75 "R"</u>	<u>10.59</u>		
	<u>10-23-75 "L"</u>	<u>31.76</u>		
	_____	_____	\$	<u>52</u> <u>93</u>
AMOUNT OVERPAID		\$	<u>10</u>	<u>59</u>

APPROVED BY _____ DATE _____

ENTERED ON OVERPAYMENT CONTROL PAGE _____ LINE _____ J. V. NO. _____

DISPOSITION

RECOMMENDED TO COUNCIL FOR REFUND _____

APPROVED BY COUNCIL DATE _____ RES. NO. _____

AMOUNT REFUNDED: _____

DATE _____ CHECK NO. _____ AMOUNT \$ _____

CREDITED TO TAX COLLECTIONS: DATE _____ AMOUNT \$ _____

OTHER DISPOSITION: _____

OVERPAYMENT OF 1975
TAX ASSESSED Dec. 31, 1974

CERT. NO. O- 3623

PREP. BY d.l.
DATE 11-4-75
BOOK _____ GROUP _____

LIST NO. 02-240-643 NAME Bernard J. Bernstein & wf. Dorothy
STREET 608 Woonasquatucket Avenue
CITY North Providence, Rhode Island

ORIGINAL ASSESSMENT	<u>on Plat 39 Lot 390</u>	\$	<u>859</u>	<u>56</u>
CERTIFIED ADDITIONS:				
ASSESSORS CERT. NO.	_____ DATE APPD. _____	\$		
VOLUNTARY TAX PAID	_____	\$		
GIVEN LIST NO.	_____ DATE _____	\$		
TOTAL CHARGES			<u>859</u>	<u>56</u>
CERTIFIED ABATEMENT	_____			
ASSESSORS CERT. NO.	_____ DATE APPD. _____	\$		
BALANCE		\$	<u>859</u>	<u>56</u>
TAXES PAID:	DATE	AMOUNT		
	<u>7-29-75 "A"</u>	<u>\$ 214.89</u>		
	<u>9-25-75 "Y"</u>	<u>644.67</u>		
	<u>10-28-75 "A"</u>	<u>214.89</u>		
			\$	<u>1074 45</u>
AMOUNT OVERPAID		\$	<u>214</u>	<u>89</u>

APPROVED BY _____ DATE _____
ENTERED ON OVERPAYMENT CONTROL PAGE _____ LINE _____ J. V. NO. _____

DISPOSITION

RECOMMENDED TO COUNCIL FOR REFUND _____
APPROVED BY COUNCIL DATE _____ RES. NO. _____
AMOUNT REFUNDED: _____
DATE _____ CHECK NO. _____ AMOUNT \$ _____
CREDITED TO TAX COLLECTIONS: DATE _____ AMOUNT \$ _____
OTHER DISPOSITION: _____

OVERPAYMENT OF 1975
TAX ASSESSED Dec. 31, 1974

CERT. NO. O- 0-3626

PREP. BY s.e.d.
DATE November 11, 1975
BOOK _____ GROUP _____

LIST NO. 03-266-910 NAME Efrain Cepeda
STREET 142 Wesleyan Avenue
CITY Providence, R.I.

ORIGINAL ASSESSMENT	<u>Motor Vehicle</u>	\$	<u>17</u>	<u>98</u>
CERTIFIED ADDITIONS:	_____			
ASSESSORS CERT. NO.	_____	DATE APPD.	_____	\$
VOLUNTARY TAX PAID	_____			
GIVEN LIST NO.	_____	DATE	_____	\$
TOTAL CHARGES			<u>17</u>	<u>98</u>
CERTIFIED ABATEMENT	_____			
ASSESSORS CERT. NO.	_____	DATE APPD.	_____	\$
BALANCE			<u>17</u>	<u>98</u>
TAXES PAID:	DATE	AMOUNT		
	<u>7/3/75 "R"</u>	<u>\$ 4.49</u>		
	<u>9/26/75 "L"</u>	<u>13.49</u>		
	<u>11/7/75 "W"</u>	<u>4.50</u>		
			<u>22</u>	<u>48</u>
AMOUNT OVERPAID			<u>4</u>	<u>50</u>

APPROVED BY _____ DATE _____
ENTERED ON OVERPAYMENT CONTROL PAGE _____ LINE _____ J. V. NO. _____

DISPOSITION

RECOMMENDED TO COUNCIL FOR REFUND _____
APPROVED BY COUNCIL DATE _____ RES. NO. _____
AMOUNT REFUNDED: _____
DATE _____ CHECK NO. _____ AMOUNT \$ _____
CREDITED TO TAX COLLECTIONS: DATE _____ AMOUNT \$ _____
OTHER DISPOSITION: _____

OVERPAYMENT OF 1975
TAX ASSESSED Dec. 31, 1974

CERT. NO. O- 0-3627

PREP. BY s.e.d.
DATE November 11, 1975
BOOK _____ GROUP _____

LIST NO. 20-070-450 NAME Katherine Testa & Gerald Amodei
STREET 59 Oliver Street
CITY North Providence, R.I. 02904

ORIGINAL ASSESSMENT	<u>Plat 97 Lot 397</u>	\$	<u>502</u>	<u>28</u>
CERTIFIED ADDITIONS:				
ASSESSORS CERT. NO.	_____	DATE APPD.	_____	\$ _____
VOLUNTARY TAX PAID				
GIVEN LIST NO.	_____	DATE	_____	\$ _____
TOTAL CHARGES			<u>502</u>	<u>28</u>
CERTIFIED ABATEMENT				
ASSESSORS CERT. NO.	_____	DATE APPD.	_____	\$ _____
BALANCE			\$	<u>502 28</u>
TAXES PAID:	DATE	AMOUNT		
	<u>7/7/75 "L"</u>	<u>\$ 125.57</u>		
	<u>10/31/75 "W"</u>	<u>376.71</u>		
	<u>11/3/75 "L"</u>	<u>125.57</u>		
			\$	<u>627 85</u>
AMOUNT OVERPAID			\$	<u>125 57</u>

APPROVED BY _____ DATE _____
ENTERED ON OVERPAYMENT CONTROL PAGE _____ LINE _____ J. V. NO. _____

DISPOSITION

RECOMMENDED TO COUNCIL FOR REFUND _____
APPROVED BY COUNCIL DATE _____ RES. NO. _____
AMOUNT REFUNDED: _____
DATE _____ CHECK NO. _____ AMOUNT \$ _____
CREDITED TO TAX COLLECTIONS: DATE _____ AMOUNT \$ _____
OTHER DISPOSITION: _____

OVERPAYMENT OF 1975
TAX ASSESSED Dec. 31, 1974

CERT. NO. O- 0-3628

PREP. BY s.e.d.
DATE November 11, 1975
BOOK _____ GROUP _____

LIST NO. 18-101-730 NAME Evelyn Renzi
STREET 19 Funston Avenue
CITY Providence, R.I.

ORIGINAL ASSESSMENT	<u>Plat 124 Lot 97</u>	\$	<u>486</u>	<u>62</u>
CERTIFIED ADDITIONS:	_____			
ASSESSORS CERT. NO.	_____	DATE APPD.	_____	
VOLUNTARY TAX PAID	_____			
GIVEN LIST NO.	_____	DATE	_____	
TOTAL CHARGES			<u>486</u>	<u>62</u>
CERTIFIED ABATEMENT	_____			
ASSESSORS CERT. NO.	_____	DATE APPD.	_____	
BALANCE			<u>486</u>	<u>62</u>
TAXES PAID:	DATE	AMOUNT		
	<u>7/29/75 "Y"</u>	<u>\$ 121.65</u>		
	<u>10/8/75 "W"</u>	<u>364.97</u>		
	<u>11/3/75 "L"</u>	<u>121.66</u>		
			<u>608</u>	<u>28</u>
AMOUNT OVERPAID			<u>121</u>	<u>66</u>

APPROVED BY _____ DATE _____
ENTERED ON OVERPAYMENT CONTROL PAGE _____ LINE _____ J. V. NO. _____

DISPOSITION

RECOMMENDED TO COUNCIL FOR REFUND _____
APPROVED BY COUNCIL DATE _____ RES. NO. _____
AMOUNT REFUNDED: _____
DATE _____ CHECK NO. _____ AMOUNT \$ _____
CREDITED TO TAX COLLECTIONS: DATE _____ AMOUNT \$ _____
OTHER DISPOSITION: _____

OVERPAYMENT OF 1975
TAX ASSESSED Dec. 31, 1974

CERT. NO. O- 3629

PREP. BY d.l.
DATE 11-14-75
BOOK _____ GROUP _____

LIST NO. 13-298-645 NAME Alan H. Maynard
STREET 41 Berwick Lane
CITY Cranston, R.I. 02905

ORIGINAL ASSESSMENT	<u>on M.V.</u>	\$	8	70
CERTIFIED ADDITIONS:				
ASSESSORS CERT. NO.	_____	DATE APPD.	_____	\$
VOLUNTARY TAX PAID	_____			
GIVEN LIST NO.	_____	DATE	_____	\$
TOTAL CHARGES			8	70
CERTIFIED ABATEMENT	_____			
ASSESSORS CERT. NO.	_____	DATE APPD.	_____	\$
BALANCE			8	70
TAXES PAID:	DATE	AMOUNT		
	<u>7-16-75 "D"</u>	<u>\$ 2.17</u>		
	<u>9-29-75 "R"</u>	<u>6.53</u>		
	<u>11-10-75 "L"</u>	<u>2.18</u>		
			\$	10 88
AMOUNT OVERPAID			\$	2 18

APPROVED BY _____ DATE _____
ENTERED ON OVERPAYMENT CONTROL PAGE _____ LINE _____ J. V. NO. _____

DISPOSITION

RECOMMENDED TO COUNCIL FOR REFUND _____
APPROVED BY COUNCIL DATE _____ RES. NO. _____
AMOUNT REFUNDED: _____
DATE _____ CHECK NO. _____ AMOUNT \$ _____
CREDITED TO TAX COLLECTIONS: DATE _____ AMOUNT \$ _____
OTHER DISPOSITION: _____

OVERPAYMENT OF 1975
TAX ASSESSED December 31, 1974

CERT. NO. O- 0-3630

PREP. BY J.P.
DATE November 14, 1975
BOOK _____ GROUP _____

13-300-510

LIST NO. _____ NAME Millicent A. Maynard
STREET 41 Berwick Lane
CITY Cranston, R.I. 02905

ORIGINAL ASSESSMENT	on M.V.	\$ 58	58
CERTIFIED ADDITIONS:			
ASSESSORS CERT. NO.	DATE APPD.	\$	
VOLUNTARY TAX PAID			
GIVEN LIST NO.	DATE	\$	
TOTAL CHARGES		58	58
CERTIFIED ABATEMENT			
ASSESSORS CERT. NO.	DATE APPD.	\$	
BALANCE		\$ 58	58
TAXES PAID:	DATE	AMOUNT	
	7-16-75 "D"	\$ 14.64	
	9-29-75 "R"	43.94	
	11-10-75 "L"	14.65	
		\$ 73	23
AMOUNT OVERPAID on M.V.		\$ 14	65

APPROVED BY _____ DATE _____
ENTERED ON OVERPAYMENT CONTROL PAGE _____ LINE _____ J. V. NO. _____

DISPOSITION

RECOMMENDED TO COUNCIL FOR REFUND _____
APPROVED BY COUNCIL DATE _____ RES. NO. _____
AMOUNT REFUNDED: _____
DATE _____ CHECK NO. _____ AMOUNT \$ _____
CREDITED TO TAX COLLECTIONS: DATE _____ AMOUNT \$ _____
OTHER DISPOSITION: _____

OVERPAYMENT OF 1975

CERT. NO. O-3631

TAX ASSESSED Dec. 31, 1974

 PREP. BY d.l.
 DATE 11-18-75
 BOOK _____ GROUP _____

 LIST NO. 04-160-700 NAME Erwin W. Deines, Sr.
 STREET 16 Channing Avenue
 CITY Providence, Rhode Island

ORIGINAL ASSESSMENT	<u>on M.V.</u>	\$	<u>265</u>	<u>06</u>
CERTIFIED ADDITIONS:				
ASSESSORS CERT. NO.	_____ DATE APPD. _____	\$		
VOLUNTARY TAX PAID				
GIVEN LIST NO.	_____ DATE _____	\$		
TOTAL CHARGES			<u>265</u>	<u>06</u>
CERTIFIED ABATEMENT				
ASSESSORS CERT. NO.	_____ DATE APPD. _____	\$		
BALANCE		\$	<u>265</u>	<u>06</u>
TAXES PAID:	DATE	AMOUNT		
	<u>8-4-75 "L"</u>	<u>\$ 66.26</u>		
	<u>11-10-75 "Y"</u>	<u>66.27</u>		
	<u>11-13-75 "Y"</u>	<u>198.80</u>		
			\$	<u>331 33</u>
AMOUNT OVERPAID		\$	<u>66</u>	<u>27</u>

 APPROVED BY _____ DATE _____
 ENTERED ON OVERPAYMENT CONTROL PAGE _____ LINE _____ J. V. NO. _____

DISPOSITION

 RECOMMENDED TO COUNCIL FOR REFUND _____
 APPROVED BY COUNCIL DATE _____ RES. NO. _____
 AMOUNT REFUNDED: _____
 DATE _____ CHECK NO. _____ AMOUNT \$ _____
 CREDITED TO TAX COLLECTIONS: DATE _____ AMOUNT \$ _____
 OTHER DISPOSITION: _____

3632

OVERPAYMENT OF 1975

CERT. NO. O- 3632

TAX ASSESSED Dec.31,1974

PREP. BY a.g.c.

DATE 11-20-75

BOOK _____ GROUP _____

LIST NO. 13-774-350 NAME Mohassuck Medical Associates
c/o James Reynolds
STREET 1 Randall Square
Prov.R.I.
CITY _____

ORIGINAL ASSESSMENT	<u>on plab 2 lot 274</u>	\$	<u>3147</u>	<u>66</u>
CERTIFIED ADDITIONS:	_____	\$		
ASSESSORS CERT. NO.	_____ DATE APPD. _____	\$		
VOLUNTARY TAX PAID	_____	\$		
GIVEN LIST NO.	_____ DATE _____	\$		
TOTAL CHARGES			<u>3147</u>	<u>66</u>
CERTIFIED ABATEMENT	_____	\$		
ASSESSORS CERT. NO.	_____ DATE APPD. _____	\$		
BALANCE		\$	<u>3147</u>	<u>66</u>
TAXES PAID:	DATE	AMOUNT		
	<u>8-12-75 L</u>	<u>\$ 512.86</u>		
	<u>10-10-75 L</u>	<u>137.02</u>		
	<u>10-16-75 R</u>	<u>375.84</u>		
	<u>11-17-75 W</u>	<u>2223.74</u>	\$	<u>3249 44</u>
AMOUNT OVERPAID		\$	<u>101</u>	<u>78</u>

APPROVED BY _____ DATE _____
ENTERED ON OVERPAYMENT CONTROL PAGE _____ LINE _____ J. V. NO. _____

DISPOSITION

RECOMMENDED TO COUNCIL FOR REFUND _____
APPROVED BY COUNCIL DATE _____ RES. NO. _____
AMOUNT REFUNDED: _____
DATE _____ CHECK NO. _____ AMOUNT \$ _____
CREDITED TO TAX COLLECTIONS: DATE _____ AMOUNT \$ _____
OTHER DISPOSITION: _____