

THE CITY OF PROVIDENCE
STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

RESOLUTION OF THE CITY COUNCIL

No. 511

Approved September 7, 1967

WHEREAS, a vacancy exists in the office of Councilman from the Tenth Ward in the City of Providence, Rhode Island caused by the death, on August 9, 1967, of Charles H. O'Connor, late a member of the City Council, and

WHEREAS, the said vacancy did occur more than one-hundred and eighty days before the time of holding the next succeeding regular City election, and

WHEREAS, in accordance with the provisions of Section 12, Chapter 832 of the Public Laws of 1940, known as the "Providence Charter Act of 1940", as amended by Section 1 of Chapter 2864 of the Public Laws of 1951, approved May 1, 1951, it is mandatory that a Special Election for the purpose of filling such vacancy be held within ninety days of the date of the occurrence of such vacancy,

NOW THEREFORE BE IT RESOLVED, BY THE CITY COUNCIL of THE CITY OF PROVIDENCE, RHODE ISLAND that, in compliance with the provisions of governing statutes, the said City Council does hereby order a Special Election to be held for the purpose of filling the vacancy in the office of Councilman from the Tenth Ward of Providence, Rhode Island, caused by the death on August 9, 1967 of Charles H. O'Connor, on the first Tuesday, following the first Monday in November, 1967, being also November 7, 1967 said date being within ninety days from the date of the occurrence of said vacancy, and

BE IT FURTHER RESOLVED, that the Board of Canvassers and Registration and all other officers whose duty it is to prepare for elections are hereby requested to make such preparations for said election as are required by law, and

BE IT FURTHER RESOLVED, that the City Clerk is directed to cause a duly certified copy of this Resolution to be transmitted to the Board of Canvassers and Registration of the City of Providence, Rhode Island; and a duly certified copy of this Resolution be also transmitted to the State Board of Elections and to the Secretary of State.

IN CITY COUNCIL

SEP 7 - 1967

READ and PASSED

President
Clerk

APPROVED

SEP 7 1967

MAYOR

FILED

AUG 30 2 25 PM '67

DEPT. OF CITY CLERK
PROVIDENCE, R. I.

RESOLUTION
OF THE

CITY COUNCIL

Councilman McNulty and President, by request

Office of City Registrar N^o 7090

I, the undersigned, City Registrar of the City of Providence, State of Rhode Island, hereby certify that the attached is a true copy of the Record as recorded in said City of Providence.

Witness my hand and seal

AUG 24 1967

Date _____

Catherine M. McQuinn
CITY REGISTRAR

City Registrar

This becomes a Legal Record when properly executed and will be placed in permanent file.

All answers must be complete and accurate.

PLEASE TYPE: (Except Signatures) or write plainly with unfading ink

CAUSE OF DEATH Do not give details of such as heart failure, ashenia, etc.

Give the disease, injury, or complication which caused death.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
DEPARTMENT OF HEALTH, DIVISION OF VITAL STATISTICS
ROOM 351 STATE OFFICE BUILDING, PROVIDENCE 3, R. I.

TOWN OR CITY NUMBER

STATE FILE NUMBER

1. NAME OF DECEASED (Type or print) Charles Henry O'Connor				2. DATE OF DEATH Month Aug. Day 9 Year 1967	
3. PLACE OF DEATH a. COUNTY Providence		3b. CITY, TOWN OR LOCATION Providence		4. USUAL RESIDENCE (Where deceased lived. If institution- Residence before admission) a. STATE Rhode Island 4b. COUNTY Providence	
3c. LENGTH OF STAY 58 yrs.		3d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) 840 Broad St.		4c. CITY, TOWN, OR LOCATION Providence	
4d. STREET ADDRESS 51 Marie Ave.		5. SEX Male		6. COLOR OR RACE White	
7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 6-14-1909		9. AGE (In years last birthday) 58	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Manager		10b. KIND OF BUSINESS OR INDUSTRY Restaurant		11. BIRTHPLACE (State or foreign country) Providence R.I.	
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Henry D O'Connor		13b. FATHER'S BIRTHPLACE Indiana	
14. MOTHER'S MAIDEN NAME Anastatia Kane		14b. MOTHER'S BIRTHPLACE New York State		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. 039-01-2760		17a. NAME OF LIVING OR DECEASED SPOUSE, IF ANY		17b. AGE OF SPOUSE	
18. INFORMANT Robert J O'Connor		Address 57 Brandon Rd. Cranston		19a. SIGNATURE OF EMBALMER Thomas J Trainor	
19b. LICENSE NUMBER 872		20. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Acute Coronary Insufficiency Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____		21. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	
22a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		22b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 20.)			
22c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____ Month _____ Day _____ Year _____		22d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
22e. PLACE OF INJURY (e. g., in or about home, farm, factory, street office bldg., etc.)		22f. CITY, TOWN, OR LOCATION		COUNTY _____ STATE _____	
23. I hereby certify that I have investigated the death of the person named above, and that in my opinion the deceased died on the above date at that the cause and manner thereof are as stated above. 6:47 P.M. and					
24a. SIGNATURE Thomas J Trainor		(Degree or title) MD		24b. ADDRESS 352 Smithfield Ave Pawtucket	
24c. DATE SIGNED 9 Aug 67		25a. BURIAL, CREMATION, REMOVAL (Specify) Burial			
25b. DATE 8-12-67		25c. NAME OF CEMETERY OR CREMATORY St Francis Cemetery		25d. LOCATION (City, town, or county) (State) Pawtucket R.I.	
26. FUNERAL DIRECTOR Frank P Trainor & Sons		ADDRESS 346		27. DATE REC'D. BY LOCAL REG. AUG 10 1967	
28. REGISTRAR'S SIGNATURE Catherine M McQuinn		VS-3 SM Rev. 8-61 859 Broad St. Prov. R.I. 1. State Copy			

CITY REGISTRAR OTHER SIDE

PAID - CITY OF CHICAGO

AUG-23-67 6639 A 5

70

Vincent Vespia
City Clerk

Clerk of Council



William H. Matthews
First Deputy
Dorothy K. McGinn
Second Deputy

DEPARTMENT OF CITY CLERK
CITY HALL

TO BOARD OF CANVASSERS AND REGISTRATION

September 8, 1967

Received of Vincent Vespia, City Clerk of the City of Providence, Rhode Island, certified copy of Resolution of the City Council, No. 511, approved September 7, 1967, ordering a Special Election to be held on Tuesday, November 7, 1967, for the purpose of filling the vacancy in the Office of Councilman from the Tenth Ward, caused by the death of Councilman Charles H. O'Connor.

John Lencina
CHAIRMAN BOARD OF CANVASSERS

Vincent Vespia
City Clerk

Clerk of Council



William H. Matthews
First Deputy
Dorothy K. McGinn
Second Deputy

DEPARTMENT OF CITY CLERK
CITY HALL

TO STATE BOARD OF ELECTIONS

September 8, 1967

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John B. Gendron
per: a.a.

Vincent Vespia
City Clerk

Clerk of Council



William H. Matthews
First Deputy
Dorothy K. McGinn
Second Deputy

DEPARTMENT OF CITY CLERK
CITY HALL

TO SECRETARY OF STATE

September 8, 1967

Received of Vincent Vespia, City Clerk of the City of Providence, Rhode Island, certified copy of Resolution of the City Council, No. 511, approved September 7, 1967, ordering a Special Election to be held on Tuesday, November 7, 1967, for the purpose of filling the vacancy in the Office of Councilman from the Tenth Ward, caused by the death of Councilman Charles H. O'Connor.

A handwritten signature in dark ink, which appears to read "Joseph A. Doorley, Jr.", is written over a horizontal line.

The City of Providence

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

CHAPTER 1867

No. 512 **AN ORDINANCE** IN AMENDMENT OF CHAPTER 1695, APPROVED MAY 21, 1965, RELATIVE TO AN ORDINANCE PROVIDING FOR THE REMOVAL OF JUNKED OR ABANDONED VEHICLES.

Approved September 15, 1967

Be it ordained by the City of Providence:

WHEREAS, the presence of dismantled, junked or abandoned vehicles on public or private property constitutes an attractive nuisance for children and endangers their safety; provides harborage for rats and other animals, constituting a menace to public health; creates a fire hazard, causes neighborhoods to become unsightly, resulting in the depreciation of property values; and if on City streets or public highways creates a traffic hazard and endangers the public safety.

NOW THEREFORE BE IT ORDAINED BY THE CITY OF PROVIDENCE:

SECTION 1. No person, firm or corporation shall deposit, store, keep or permit to be deposited, stored, or kept in the open upon public or private property a dismantled, unserviceable, junked or abandoned vehicle, or one legally or physically incapable of being operated, unless a license for said storage has theretofore been obtained from the proper authority.

SECTION 2. (a) The owner or the person having possession of any aforescribed vehicle shall remove the same within seven days after being ordered so to do in writing by the owner, lessee or occupant of the premises where said vehicle shall be found or by the Department of Public Works of the City of Providence. If the owner of any aforesaid vehicle is not known or cannot readily be ascertained, notice to remove may be given by attaching such notice to said aforesaid vehicle. The Police Department upon request therefor shall assist in ascertaining the name and address of the owner of any such vehicle.

(b) If the owner or person having possession of any aforesaid vehicle is also the owner, lessee, or occupant of the premises, notice to remove as aforesaid shall be given by the Department of Public Works.

(c) If said vehicle is on a City street or public highway, forty-eight hour notice as aforesaid to remove the same shall be given by the Police Department or Department of Public Works, pro-

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The City of Providence
STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Page 2

vided that if said vehicle constitutes a present hazard or unduly obstructs traffic or ingress to or egress from private or public property, the same may be removed by said Police Department or Department of Public Works without any prior notice.

(d) An unregistered vehicle on premises not owned or occupied by the owner of said vehicle or the person having possession may be deemed to be abandoned.

SECTION 3. Upon failure to remove any aforesaid vehicle within the time limited herein, said owner, lessee, occupant of the premises or Department of Public Works shall forthwith remove or cause the said vehicle to be removed from the premises to a location to be provided for said purpose by the Department of Public Works.

SECTION 4. The owner of any dismantled, junked or totally disabled vehicle so removed may regain possession thereof from said Department of Public Works by making application therefor within ten (10) days after its receipt by said Department of Public Works upon paying to said Department of Public Works all reasonable costs of removal, which shall be repaid to the person who paid or incurred such charges, plus an additional charge of Ten (\$10) Dollars for storage charges of said vehicle while in possession of said Department of Public Works, provided that if the vehicle is merely unregistered, or appears to be in a serviceable condition, the same shall have thirty (30) days to regain possession as aforesaid.

SECTION 5. If no claim for said aforescribed vehicle is made provided in Section 4 hereof, said Department of Public Works may burn, cutup, destroy or otherwise dispose of the same as junk or for the best price obtainable and the proceeds thereof if any shall be available to pay the reasonable charges of removal and delivering the same to said Department of Public Works by the person who paid said charges, if a claim therefor be made, and the expense of keeping and disposing of said vehicle, and any balance shall be paid into the General Fund of the City.

SECTION 6. Neither the owner, lessee or occupant of the premises from which any aforescribed vehicle shall be removed, his or its servant or agent, or the Department of Public Works, shall be liable for any loss or damage to said vehicle while being removed, or while in the possession of said Department of Public Works, or as a result of any subsequent sale or other disposition.

SECTION 7. (a) Dismantled, junked or abandoned vehicles shall be deemed to include major parts thereof including bodies, engines, transmissions, rear ends, etc.

(b) Public property shall include property owned by the City or State, property acquired by the City at tax sale, and all streets and highways within the City whether or not they are public highways.

No.

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The City of Providence
STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

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(c) A vehicle legally or physically incapable of being operated shall include one which has not been duly registered according to law or which lacks to a substantial degree the equipment in good operating condition as required by law to enable it to be registered.

(d) Premises shall include public or private property, City streets and public highways.

SECTION 8. Any person, firm or corporation required by the provisions hereof to remove any aforesaid vehicle who shall fail so to do shall be guilty of an offense punishable in accordance with the provisions of Chapter I, Section 10 of the Revised Ordinances of 1946, as amended.

SECTION 9. This Ordinance shall take effect upon its passage.

**IN CITY
COUNCIL**

AUG 16 1967

FIRST READING
READ AND PASSED

Vincent T. Caspica
CLERK

**IN CITY
COUNCIL**

SEP 7 - 1967

FINAL READING
READ AND PASSED

Jerry J. Brown
PRESIDENT
Vincent T. Caspica
CLERK

APPROVED

SEP 15 1967

Joseph A. Dowley Jr
MAYOR

No.

CHAPTER
AN ORDINANCE

IN CITY
COUNCIL

MAY 5 - 1967

FIRST READING
REFERRED TO COMMITTEE ON
ORDINANCES

Vincent Vespa
CLERK

THE COMMITTEE ON
ORDINANCES

Approves Passage of
The Within Ordinance

Vincent Vespa
AUG 4 1967
Clerk

Commissioner Weyler

zoning change # 211

The City of Providence

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

CHAPTER 1868

No. 513 AN ORDINANCE AMENDING CHAPTER 544 OF 1951, BY CHANGING FROM AN R-3 GENERAL RESIDENCE ZONE TO A C-1 LIMITED COMMERCIAL ZONE, LOTS 464 AND 21, AS SET OUT AND DELINEATED ON CITY ASSESSOR'S PLAT 123; SAID LOTS BEING SITUATED AT 680-684 DOUGLAS AVENUE.

Approved September 15, 1967

Be it ordained by the City of Providence:

SECTION 1. The Zoning Map accompanying and made a part of Chapter 544 of the Ordinances of the City of Providence, approved September 21, 1951, as heretofore amended, and entitled "An Ordinance Zoning the City of Providence and Establishing Use, Height and Area Regulations", is hereby further amended by changing from an R-3 General Residence Zone to a C-1 Limited Commercial Zone, Lots 464 and 21, as set out and delineated on City Assessor's Plat 123; said lots being situated at 680-684 Douglas Avenue, bounded and described as follows:

Beginning at a point on the westerly line of Douglas Avenue at the southeasterly corner of Lot 21 on City Assessor's Plat 123; thence westerly along the northerly line of Lot 20 to the southwesterly corner of Lot 21; thence northerly along the easterly line of Lot 22 to the northwesterly corner of Lot 21; thence easterly along the southerly line of Lot 23 to the southwesterly corner of Lot 464; thence northerly along the easterly lines of Lots 23 and 35 to the northwesterly corner of Lot 464; thence easterly along the southerly line of Lot 505 to the westerly line of Douglas Avenue at the northeasterly corner of Lot 464; thence southerly along the westerly line of Douglas Avenue to the southeasterly corner of Lot 21 and the point and place of beginning.

SECTION 2. This Ordinance shall take effect upon its passage.

**IN CITY
COUNCIL**

AUG 16 1967

FIRST READING
READ AND PASSED

Wm. J. T. T. T. T.
CLERK

APPROVED

SEP 15 1967

Joseph A. Dowley
MAYOR

**IN CITY
COUNCIL**

SEP 7 - 1967

FINAL READING
READ AND PASSED

James J. T. T. T.
PRESIDENT
Wm. J. T. T. T.
CLERK

No.

CHAPTER

AN ORDINANCE

THE COMMITTEE ON
ORDINANCES

.....
Approves Passage of
The Within Ordinance

Wm. H. ...
Chairman

AUG 4 1967

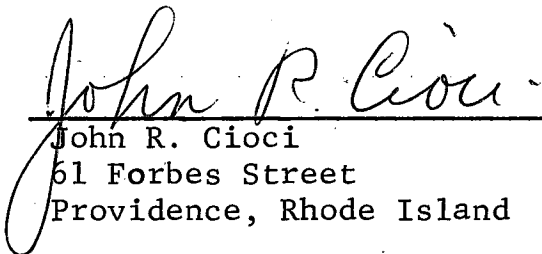
PETITION TO THE CITY COUNCIL

TO THE HONORABLE CITY COUNCIL OF THE CITY OF PROVIDENCE:

The undersigned respectfully petitions your honorable body

to change from R-3 to C-1 limited commercial zone
lots #464 and 21 on Tax Assessor's Plat 123 located
at 680-684 Douglas Avenue.

Respectfully submitted


John R. Cioci
61 Forbes Street
Providence, Rhode Island

DEPARTMENT OF CITY CLERK
RECEIVED

MAY 11 1967

PROVIDENCE, R. I.

Vincent Vespia

CITY CLERK OF PROVIDENCE

pd. Cash \$25.00

FILED

MAY 11 2 38 PM '67

DEPT. OF CITY CLERK
PROVIDENCE, R.I.

**IN CITY
COUNCIL**

MAY 18 1967

FIRST READING
REFERRED TO COMMITTEE ON
ORDINANCES

William H. Miller ACTING CLERK

**THE COMMITTEE ON
ORDINANCES**

Recommends *granted*
Vincent Vespasi
Clerk

AUG 4 1967

From the Clerks Desk

Department of City Clerk

MEMORANDUM

Providence, R. I., May 19, 1967

TO: Department of Planning and Urban Development

SUBJECT: Douglas Avenue (680-684) - Zoning Change.

CONSIDERED BY: Committee on Ordinances.

DISPOSITION: VOTED: To refer attached copy of petition for study and
report back to this Committee.

William H. Matthews
Acting City Clerk

VINCENT PALLOZZI
DIRECTOR



JOSEPH A. DOORLEY, JR.
MAYOR

DEPARTMENT OF PLANNING AND URBAN DEVELOPMENT
CITY HALL, PROVIDENCE, RHODE ISLAND 02903

July 7, 1967

Committee on Ordinances
City Hall
Providence, R. I.

SUBJECT: Referral No. 1627 - ZONING CHANGE AT 680-684 DOUGLAS AVENUE

Gentlemen:

The subject referral received consideration by the City Plan Commission at a meeting held on Thursday, July 6, 1967.

This referral is a request to change from an R-3 Zone to a C-1 Limited Commercial Zone Lots 464 and 21 on Assessor's Plat 123 located at 680-684 Douglas Avenue.

On an inspection and photographic survey it was determined that the lot was vacant and undeveloped.

Due to the fact that the surrounding area is commercial in nature,

The Commission

VOTED: To offer no objection to the granting of this petition.

Very truly yours,

A handwritten signature in dark ink, appearing to read "Vincent Pallozzi", written over a large, stylized circular flourish.

Vincent Pallozzi
Director

VP:MMH

c.c. Councilman Robert F. Lynch
Councilman Louis A. Mascia

FILED

JUL 10 4 11 PM '67

**DEPT. OF CITY CLERK
PROVIDENCE, R.I.**

No. 891020

RECEIPT FOR CERTIFIED MAIL—30¢

SENT TO <i>Flora Fabor</i>		POSTMARK OR DATE
STREET AND NO. <i>1041 Venable Street</i>		
P. O., STATE, AND ZIP CODE <i>Providence, R.I.</i>		
EXTRA SERVICES FOR ADDITIONAL FEES		
Return Receipt Shows to whom and date delivered <input type="checkbox"/> 10¢ fee	Deliver to Addressee Only Shows to whom, date, and where delivered <input type="checkbox"/> 35¢ fee <input type="checkbox"/> 50¢ fee	

POD Form 3800 Mar. 1966 NO INSURANCE COVERAGE PROVIDED— (See other side)
NOT FOR INTERNATIONAL MAIL

1. Stick postage stamps to your article to pay:

BASIC CHARGES

Certified fee—30¢

Postage (first-class or airmail)

OPTIONAL SERVICES

Return receipt (10¢ or 35¢)

Deliver to addressee only—50¢

Special delivery

2. If you want this receipt postmarked, stick the gummed stub on the left portion of the address side of the article, *leaving the receipt attached*, and present the article at a post office service window or hand it to your rural carrier. *(no extra charge)*
3. If you do not want this receipt postmarked, stick the gummed stub on the left portion of the address side of the article, detach and retain the receipt, and mail the article.
4. If you want a return receipt, write the certified-mail number and your name and address on a return receipt card, Form 3811, and attach it to the back of the article by means of the gummed ends. Endorse front of article RETURN RECEIPT REQUESTED. *(Fees—10¢ or 35¢.)*
5. If you want the article delivered only to the addressee, endorse it on the front DELIVER TO ADDRESSEE ONLY. *(Fee—50¢)*. Place the same endorsement in line 2 of the return receipt card.
6. Save this receipt and present it if you make inquiry.

No. 891161

RECEIPT FOR CERTIFIED MAIL—30¢

SENT TO Edith B. Allen & Dwight D. Allen		POSTMARK OR DATE
STREET AND NO. 92 Glenham Street,		
P. O., STATE, AND ZIP CODE Providence, R. I.		
EXTRA SERVICES FOR ADDITIONAL FEES		
<i>Return Receipt</i> <i>Shows to whom and date delivered</i> <input type="checkbox"/> 10¢ fee	<i>Shows to whom, date, and where delivered</i> <input type="checkbox"/> 35¢ fee	<i>Deliver to Addressee Only</i> <input type="checkbox"/> 50¢ fee

POD Form 3800
Mar. 1966

**NO INSURANCE COVERAGE PROVIDED—
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(See other side)

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BASIC CHARGES

Certified fee—30¢

Postage (first-class or airmail)

OPTIONAL SERVICES

Return receipt (10¢ or 35¢)

Deliver to addressee only—50¢

Special delivery

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5. If you want the article delivered only to the addressee, endorse it on the front DELIVER TO ADDRESSEE ONLY. *(Fee—50¢)*. Place the same endorsement in line 2 of the return receipt card.
6. Save this receipt and present it if you make inquiry.

No. 891039

RECEIPT FOR CERTIFIED MAIL—30¢

SENT TO <i>Edith A. Allen</i>		POSTMARK OR DATE
STREET AND NO. <i>82 Wadsworth Street</i>		
P. O., STATE, AND ZIP CODE <i>Providence R.I.</i>		
EXTRA SERVICES FOR ADDITIONAL FEES		
Return Receipt Shows to whom and date delivered <input type="checkbox"/> 10¢ fee	Shows to whom, date, and where delivered <input type="checkbox"/> 35¢ fee	Deliver to Addressee Only <input type="checkbox"/> 50¢ fee

PDD Form 3800
Mar. 1966

NO INSURANCE COVERAGE PROVIDED— (See other side)
NOT FOR INTERNATIONAL MAIL

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BASIC CHARGES

Certified fee—30¢

Postage (first-class or airmail)

OPTIONAL SERVICES

Return receipt (10¢ or 35¢)

Deliver to addressee only—50¢

Special delivery

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6. Save this receipt and present it if you make inquiry.

No. 891040

RECEIPT FOR CERTIFIED MAIL—30¢

SENT TO <i>Church of Our Lady of Charity of Prov.</i>		POSTMARK OR DATE
STREET AND NO. <i>695 Doughton Avenue</i>		
P. O., STATE, AND ZIP CODE <i>Providence, R.I.</i>		
EXTRA SERVICES FOR ADDITIONAL FEES		
Return Receipt Shows to whom and date delivered <input type="checkbox"/> 10¢ fee	Shows to whom, date, and where delivered <input type="checkbox"/> 35¢ fee	Deliver to Addressee Only <input type="checkbox"/> 50¢ fee

PDD Form 3800
Mar. 1966

NO INSURANCE COVERAGE PROVIDED— (See other side)
NOT FOR INTERNATIONAL MAIL

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BASIC CHARGES

Certified fee—30¢

Postage (first-class or airmail)

OPTIONAL SERVICES

Return receipt (10¢ or 35¢)

Deliver to addressee only—50¢

Special delivery

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6. Save this receipt and present it if you make inquiry.

No. 891041

RECEIPT FOR CERTIFIED MAIL—30¢

SENT TO <i>Shiratoro Di Carlo & Co. Inc.</i>		POSTMARK OR DATE
STREET AND NO. <i>687 Douglas Avenue</i>		
P. O., STATE, AND ZIP CODE <i>Providence, R.I.</i>		
EXTRA SERVICES FOR ADDITIONAL FEES		
Return Receipt Shows to whom and date delivered <input type="checkbox"/> 10¢ fee	Shows to whom, date, and where delivered <input type="checkbox"/> 35¢ fee	Deliver to Addressee Only <input type="checkbox"/> 50¢ fee

POD Form 3800
Mar. 1966

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NOT FOR INTERNATIONAL MAIL

(See other side)

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Certified fee—30¢

Postage (first-class or airmail)

OPTIONAL SERVICES

Return receipt (10¢ or 35¢)

Deliver to addressee only—50¢

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5. If you want the article delivered only to the addressee, endorse it on the front DELIVER TO ADDRESSEE ONLY. *(Fee—50¢)*. Place the same endorsement in line 2 of the return receipt card.
6. Save this receipt and present it if you make inquiry.

No. 891042

RECEIPT FOR CERTIFIED MAIL—30¢

SENT TO <i>Bernardo Guglielmi & Anna</i>		POSTMARK OR DATE
STREET AND NO. <i>22 Menzies Street</i>		
P. O., STATE, AND ZIP CODE <i>Providence, R. I.</i>		
EXTRA SERVICES FOR ADDITIONAL FEES		
Return Receipt Shows to whom and date delivered <input type="checkbox"/> 10¢ fee	Shows to whom, date, and where delivered <input type="checkbox"/> 35¢ fee	Deliver to Addressee Only <input type="checkbox"/> 50¢ fee

POD Form 3800
Mar. 1966

NO INSURANCE COVERAGE PROVIDED— (See other side)
NOT FOR INTERNATIONAL MAIL

1. Stick postage stamps to your article to pay:

BASIC CHARGES

Certified fee—30¢
Postage (first-class or airmail)

OPTIONAL SERVICES

Return receipt (10¢ or 35¢)
Deliver to addressee only—50¢
Special delivery

2. If you want this receipt postmarked, stick the gummed stub on the left portion of the address side of the article, *leaving the receipt attached*, and present the article at a post office service window or hand it to your rural carrier. (*no extra charge*)
3. If you do not want this receipt postmarked, stick the gummed stub on the left portion of the address side of the article, detach and retain the receipt, and mail the article.
4. If you want a return receipt, write the certified-mail number and your name and address on a return receipt card, Form 3811, and attach it to the back of the article by means of the gummed ends. Endorse front of article **RETURN RECEIPT REQUESTED**. (*Fees—10¢ or 35¢.*)
5. If you want the article delivered only to the addressee, endorse it on the front **DELIVER TO ADDRESSEE ONLY**. (*Fee—50¢*). Place the same endorsement in line 2 of the return receipt card.
6. Save this receipt and present it if you make inquiry.

No. 891043

RECEIPT FOR CERTIFIED MAIL—30¢

SENT TO <i>Five Iron Realty</i>		POSTMARK OR DATE
STREET AND NO. <i>15 Messinger Street</i>		
P. O., STATE, AND ZIP CODE <i>Providence R.I.</i>		
EXTRA SERVICES FOR ADDITIONAL FEES		
Return Receipt Shows to whom and date delivered <input type="checkbox"/> 10¢ fee	Deliver to Addressee Only <input type="checkbox"/> 50¢ fee	

POD Form 3800 Mar. 1966 NO INSURANCE COVERAGE PROVIDED— (See other side)
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BASIC CHARGES

Certified fee—30¢

Postage (first-class or airmail)

OPTIONAL SERVICES

Return receipt (10¢ or 35¢)

Deliver to addressee only—50¢

Special delivery

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6. Save this receipt and present it if you make inquiry.

No. 891044

RECEIPT FOR CERTIFIED MAIL—30¢

SENT TO <i>Antonio & Theresa Rocchio</i>		POSTMARK OR DATE
STREET AND NO. <i>12 Virginia Lane</i>		
P. O., STATE, AND ZIP CODE <i>Providence, R.I.</i>		
EXTRA SERVICES FOR ADDITIONAL FEES		
Return Receipt		Deliver to Addressee Only
Shows to whom and date delivered	Shows to whom, date, and where delivered	
<input type="checkbox"/> 10¢ fee	<input type="checkbox"/> 35¢ fee	<input type="checkbox"/> 50¢ fee

PDD Form 3800
Mar. 1966

**NO INSURANCE COVERAGE PROVIDED—
NOT FOR INTERNATIONAL MAIL**

(See other side)

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BASIC CHARGES

Certified fee—30¢

Postage (first-class or airmail)

OPTIONAL SERVICES

Return receipt (10¢ or 35¢)

Deliver to addressee only—50¢

Special delivery

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6. Save this receipt and present it if you make inquiry.

No. 891045

RECEIPT FOR CERTIFIED MAIL—30¢

SENT TO <i>Raffaele Guglielmi & wife Maria</i>		POSTMARK OR DATE	
STREET AND NO. <i>14 Messmer Street</i>			
P. O., STATE, AND ZIP CODE <i>Providence, R. I.</i>			
EXTRA SERVICES FOR ADDITIONAL FEES			
<div>Return Receipt</div> <div>Shows to whom and date delivered</div> <div><input type="checkbox"/> 10¢ fee</div>		<div>Shows to whom, date, and where delivered</div> <div><input type="checkbox"/> 35¢ fee</div>	<div>Deliver to Addressee Only</div> <div><input type="checkbox"/> 50¢ fee</div>

POD Form 3800 Mar. 1966 NO INSURANCE COVERAGE PROVIDED— (See other side)
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Certified fee—30¢

Postage (first-class or airmail)

OPTIONAL SERVICES

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6. Save this receipt and present it if you make inquiry.

No. 891095

RECEIPT FOR CERTIFIED MAIL—30¢

SENT TO <i>Chyllis E. Colabura & Edith F. Brown</i>		POSTMARK OR DATE
STREET AND NO. <i>15 Columbus Street</i>		
P. O., STATE, AND ZIP CODE <i>Providence R.I.</i>		
EXTRA SERVICES FOR ADDITIONAL FEES		
Return Receipt Shows to whom and date delivered <input type="checkbox"/> 10¢ fee	Return Receipt Shows to whom, date, and where delivered <input type="checkbox"/> 35¢ fee	Deliver to Addressee Only <input type="checkbox"/> 50¢ fee

POD Form 3800 Mar. 1966 **NO INSURANCE COVERAGE PROVIDED—** (See other side)
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6. Save this receipt and present it if you make inquiry.

Lot 49 - Flora Tabor
104 Veazie Street

Plat 99

- Lot 215 - Edith ^{B.} Allen & DWIGHT D. ALLEN
~~82 Wadsworth Street~~ 22;
92 GLENHAM STREET 7-18-67
- 216 - Church of Our Lady of Charity of Providence
695 Douglas Avenue
- 217 - "
- 218 - "
- 219 - Savatore DiCecco & wf Concetta
687 Douglas Avenue
- 220 - Salvatore DiCecco & wf Concetta
- 221 - Bernardo Guglielmi & wf Anna
22 Messina Street
- 222 - "
- 117 - Five Ques Realty
15 Messina Street
- 196 - "
- 187 - Antonio & Theresa Rocchio
12 Virginia Lane
- 186 - Anthony G. B. Rocchio & wf Theresa F.
12 Virginia Lane
- 401 - Five Ques Realty
- 166 - Raffaele Guglielmi & wf Maria
14 Messina Street
- 377 - Phyllis E. Colaluca & Edith F. Bowen
15 Columbus Street
- 288 - Church of Our Lady of Charity of Providence
- 136 - "

Councilman Louis A. Mascia

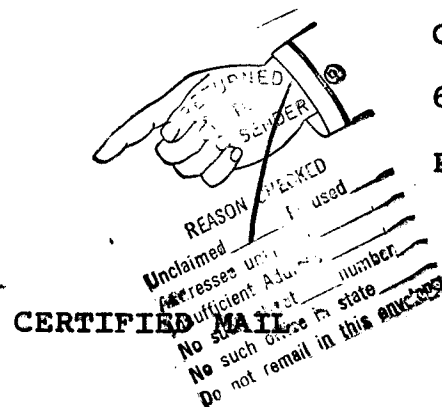
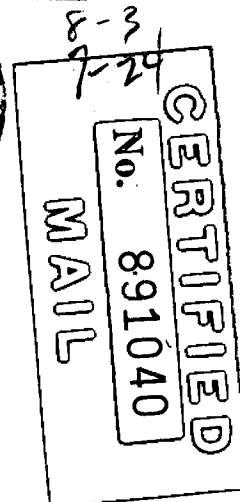
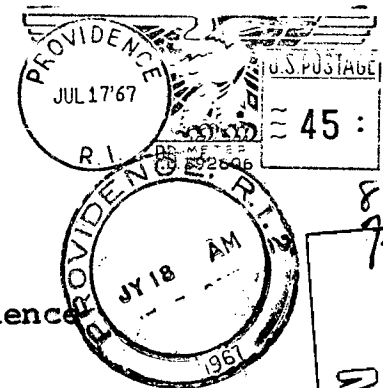
Councilman Robert F. Lynch

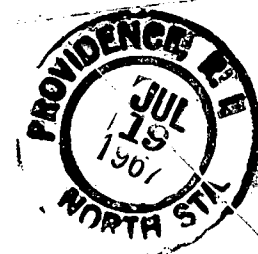
DEPARTMENT OF CITY CLERK
CITY HALL, PROVIDENCE, R. I. 02903
VINCENT VESPIA, CITY CLERK

RETURN RECEIPT REQUESTED

Church of Our Lady of Charity of Providence
695 Douglas Avenue
Providence, Rhode Island

*N.R. NOTICE LEFT AT 345 Admin
6-19-67*





100

100

100

100

CITY OF PROVIDENCE
DEPARTMENT OF CITY CLERK
PUBLIC HEARING
Relative to Amendments
to the Zoning Ordinance
and Zoning Map

Notice is hereby given that a Public Hearing will be held in the City Council Chamber, City Hall, WEDNESDAY, JULY 26, 1967, at 2:00 o'clock P.M. (EDST), at which time the following Petitions in amendment to Chapter 544 of the Ordinances of the City of Providence, approved September 21, 1951, as heretofore amended, will be considered.

PETITION OF AMERICO GEMMA to change from an R-1 One Family Zone to a C-2 General Commercial Zone, Lots 73 and 74, as set out and delineated on City Assessor's Plat 114; said lots being situated along Celia Street.

PETITION OF WOLOOHOJIAN REALTY CORP. to change from an R-2 Two Family Zone to an R-4 Multiple Dwelling Zone, Lots 28 and 166, as set out and delineated on City Assessor's Plat 52; said lots being situated on the northerly side of Adelaide Avenue.

PETITION OF JOHN R. CIOCI to change from an R-3 General Residence Zone to a C-1 Limited Commercial Zone, Lots 464 and 21, as set out and delineated on City Assessor's Plat 123; said lots being situated at 680-684 Douglas Avenue.

PETITION OF GORDON SNOW to change from an R-2 Two Family Zone to an R-4 Multiple Dwelling Zone, that certain lot set out and delineated as Lot 690 on Assessor's Plat 53; said lot being situated on the northerly side of Adelaide Avenue.

PETITION OF MEDWAY REALTY, INC., to change from an R-3 General Residence Zone to a C-2 General Commercial Zone, Lots 237 to 244, inclusive, and 402 to 406, inclusive, as set out and delineated on City Assessor's Plat 15; said lots being situated along the northerly side of Pitman Street and bounded by Wayland and Bulter Avenues.

Persons interested in the above are hereby notified to be present at that time and place to be heard thereon.

Persons, other than attorneys, who represent petitioners must be authorized in writing, therefore.

The Petitions may be seen and information on file obtained relative to the above, during regular business hours, prior to said hearing at the Department of City Clerk, City Hall.

By Order of the Committee on Ordinances.

Councilman Anthony B. Sciarretta, Chairman.

Vincent Vespia, City Clerk.

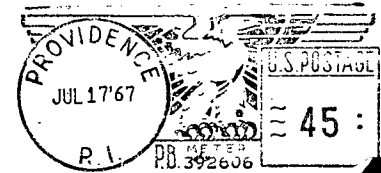
July 14, 1967.

DEPARTMENT OF CITY CLERK
CITY HALL, PROVIDENCE, R. I. 02903
VINCENT VESPIA, CITY CLERK

m RM 7/19/67
RETURN RECEIPT REQUESTED

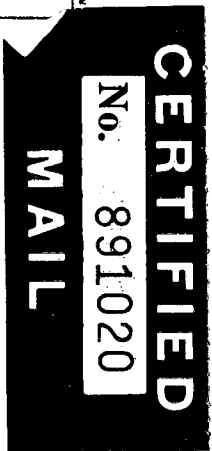
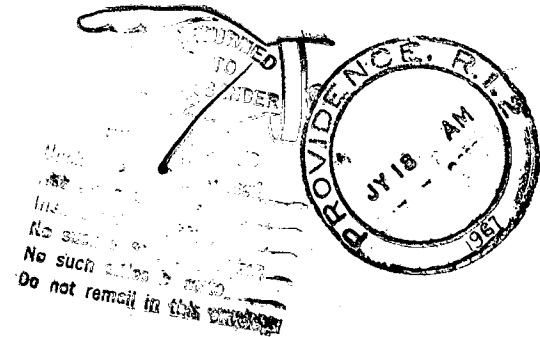
Flora Tabor
104 Veazie Street
Providence, Rhode Island

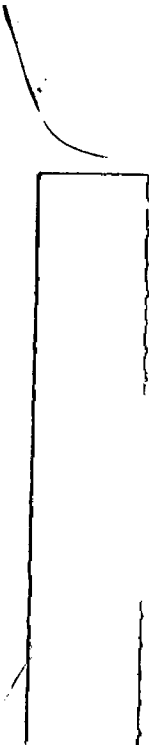
CERTIFIED MAIL



8-3

7-24





CITY OF PROVIDENCE
DEPARTMENT OF CITY CLERK
PUBLIC HEARING
Relative to Amendments
to the Zoning Ordinance
and Zoning Map

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The Petitions may be seen and information on file obtained relative to the above, during regular business hours, prior to said hearing at the Department of City Clerk, City Hall.

By Order of the Committee on Ordinances.

Councilman Anthony B. Sciarretta, Chairman.

Vincent Vespia, City Clerk.

July 14, 1967.

No. 891019

RECEIPT FOR CERTIFIED MAIL—30¢

SENT TO <i>Doni Innocence V. of Olga</i>		POSTMARK OR DATE
STREET AND NO. <i>130 Seventh Street</i>		
P. O., STATE, AND ZIP CODE <i>East Providence, R.I.</i>		
EXTRA SERVICES FOR ADDITIONAL FEES		
Return Receipt Shows to whom and date delivered <input type="checkbox"/> 10¢ fee	Shows to whom, date, and where delivered <input type="checkbox"/> 35¢ fee	Deliver to Addressee Only <input type="checkbox"/> 50¢ fee

POD Form 3800 Mar. 1966 **NO INSURANCE COVERAGE PROVIDED—** (See other side)
NOT FOR INTERNATIONAL MAIL

1. Stick postage stamps to your article to pay:

BASIC CHARGES

Certified fee—30¢

Postage (first-class or airmail)

OPTIONAL SERVICES

Return receipt (10¢ or 35¢)

Deliver to addressee only—50¢

Special delivery

2. If you want this receipt postmarked, stick the gummed stub on the left portion of the address side of the article, *leaving the receipt attached*, and present the article at a post office service window or hand it to your rural carrier. *(no extra charge)*
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6. Save this receipt and present it if you make inquiry.

No. 891021

RECEIPT FOR CERTIFIED MAIL—30¢

SENT TO <i>Frank Paula W. Frances</i>		POSTMARK OR DATE
STREET AND NO. <i>662 Douglas Avenue</i>		
P. O., STATE, AND ZIP CODE <i>Providence, R.I.</i>		
EXTRA SERVICES FOR ADDITIONAL FEES		
Return Receipt Shows to whom and date delivered <input type="checkbox"/> 10¢ fee	Shows to whom, date, and where delivered <input type="checkbox"/> 35¢ fee	Deliver to Addressee Only <input type="checkbox"/> 50¢ fee

POD Form 3800
Mar. 1966

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OPTIONAL SERVICES

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6. Save this receipt and present it if you make inquiry.

No. 891022

RECEIPT FOR CERTIFIED MAIL—30¢

SENT TO <i>James Landi & wife Teresa</i>		POSTMARK OR DATE
STREET AND NO. <i>75 Weymouth Street</i>		
P. O., STATE, AND ZIP CODE <i>Providence, R.I.</i>		
EXTRA SERVICES FOR ADDITIONAL FEES		
Return Receipt Shows to whom and date delivered <input type="checkbox"/> 10¢ fee	Deliver to Addressee Only Shows to whom, date, and where delivered <input type="checkbox"/> 35¢ fee	<input type="checkbox"/> 50¢ fee

POD Form 3800
Mar. 1966

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6. Save this receipt and present it if you make inquiry.

No. 891023

RECEIPT FOR CERTIFIED MAIL—30¢

SENT TO <i>Antonio Fernandez & wife Maria Est.</i>		POSTMARK OR DATE
STREET AND NO. <i>666 Douglas Avenue</i>		
P. O., STATE, AND ZIP CODE <i>Providence R.I.</i>		
EXTRA SERVICES AND ADDITIONAL FEES		
Return Receipt Shows to whom and date delivered <input type="checkbox"/> 10¢ fee	Shows to whom, date, and where delivered <input type="checkbox"/> 35¢ fee	Deliver to Addressee Only <input type="checkbox"/> 50¢ fee

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OPTIONAL SERVICES

Return receipt (10¢ or 35¢)

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6. Save this receipt and present it if you make inquiry.

No. 891024

RECEIPT FOR CERTIFIED MAIL—30¢

SENT TO <i>Joseph De Rosa & wife</i>		POSTMARK OR DATE
STREET AND NO. <i>676 Douglas Avenue</i>		
P. O., STATE, AND ZIP CODE <i>Providence, R.I.</i>		
EXTRA SERVICES FOR ADDITIONAL FEES		
Return Receipt Shows to whom and date delivered <input type="checkbox"/> 10¢ fee	Shows to whom, date, and where delivered <input type="checkbox"/> 35¢ fee	Deliver to Addressee Only <input type="checkbox"/> 50¢ fee

POD Form 3800 Mar. 1988 NO INSURANCE COVERAGE PROVIDED— (See other side)
NOT FOR INTERNATIONAL MAIL

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BASIC CHARGES

Certified fee—30¢

Postage (first-class or airmail)

OPTIONAL SERVICES

Return receipt (10¢ or 35¢)

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6. Save this receipt and present it if you make inquiry.

No. 891025

RECEIPT FOR CERTIFIED MAIL—30¢

SENT TO <i>Francisco Iannucci 1/2 in fee 1/2 for life</i>		POSTMARK OR DATE <i>life</i>
STREET AND NO. <i>87 Orange Street</i>		
P. O., STATE, AND ZIP CODE <i>Providence, R.I.</i>		
EXTRA SERVICES FOR ADDITIONAL FEES		
Return Receipt Shows to whom and date delivered <input type="checkbox"/> 10¢ fee <input type="checkbox"/> 35¢ fee		Deliver to Addressee Only <input type="checkbox"/> 50¢ fee

POD Form 3800
Mar. 1966

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4. If you want a return receipt, write the certified-mail number and your name and address on a return receipt card, Form 3811, and attach it to the back of the article by means of the gummed ends. Endorse front of article RETURN RECEIPT REQUESTED. (*Fees—10¢ or 35¢.*)
5. If you want the article delivered only to the addressee, endorse it on the front DELIVER TO ADDRESSEE ONLY. (*Fee—50¢*). Place the same endorsement in line 2 of the return receipt card.
6. Save this receipt and present it if you make inquiry.

No. 891026

RECEIPT FOR CERTIFIED MAIL—30¢

SENT TO <i>John R. Cioci</i>		POSTMARK OR DATE
STREET AND NO. <i>61 Forbes Street</i>		
P. O., STATE, AND ZIP CODE <i>Providence, R.I.</i>		
EXTRA SERVICES FOR ADDITIONAL FEES		
Return Receipt Shows to whom and date delivered <input type="checkbox"/> 10¢ fee	Shows to whom, date, and where delivered <input type="checkbox"/> 35¢ fee	Deliver to Addressee Only <input type="checkbox"/> 50¢ fee

POD Form 3800 Mar. 1966 **NO INSURANCE COVERAGE PROVIDED—** (See other side)
NOT FOR INTERNATIONAL MAIL

1. Stick postage stamps to your article to pay:

BASIC CHARGES

Certified fee—30¢

Postage (first-class or airmail)

OPTIONAL SERVICES

Return receipt (10¢ or 35¢)

Deliver to addressee only—50¢

Special delivery

2. If you want this receipt postmarked, stick the gummed stub on the left portion of the address side of the article, *leaving the receipt attached*, and present the article at a post office service window or hand it to your rural carrier. *(no extra charge)*
3. If you do not want this receipt postmarked, stick the gummed stub on the left portion of the address side of the article, detach and retain the receipt, and mail the article.
4. If you want a return receipt, write the certified-mail number and your name and address on a return receipt card, Form 3811, and attach it to the back of the article by means of the gummed ends. Endorse front of article RETURN RECEIPT REQUESTED. *(Fees—10¢ or 35¢.)*
5. If you want the article delivered only to the addressee, endorse it on the front DELIVER TO ADDRESSEE ONLY. *(Fee—50¢)*. Place the same endorsement in line 2 of the return receipt card.
6. Save this receipt and present it if you make inquiry.

No. 891027

RECEIPT FOR CERTIFIED MAIL—30¢

SENT TO <i>Felicita De Angelis</i>		POSTMARK OR DATE
STREET AND NO. <i>93 Decatur Street</i>		
P. O., STATE, AND ZIP CODE <i>Providence, R.I.</i>		
EXTRA SERVICES FOR ADDITIONAL FEES		
Return Receipt Shows to whom and date delivered <input type="checkbox"/> 10¢ fee	Deliver to Addressee Only <input type="checkbox"/> 50¢ fee	

POD Form 3800
Mar. 1966

NO INSURANCE COVERAGE PROVIDED— (See other side)
NOT FOR INTERNATIONAL MAIL

1. Stick postage stamps to your article to pay:

BASIC CHARGES

Certified fee—30¢

Postage (first-class or airmail)

OPTIONAL SERVICES

Return receipt (10¢ or 35¢)

Deliver to addressee only—50¢

Special delivery

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5. If you want the article delivered only to the addressee, endorse it on the front DELIVER TO ADDRESSEE ONLY. *(Fee—50¢)*. Place the same endorsement in line 2 of the return receipt card.
6. Save this receipt and present it if you make inquiry.

No. 891028

RECEIPT FOR CERTIFIED MAIL—30¢

SENT TO <i>Carmella Carbone</i>		POSTMARK OR DATE
STREET AND NO. <i>111 Vesey Street</i>		
P. O., STATE, AND ZIP CODE <i>Providence, R. I.</i>		
EXTRA SERVICES FOR ADDITIONAL FEES		
Return Receipt Shows to whom and date delivered <input type="checkbox"/> 10¢ fee	Deliver to Addressee Only Shows to whom, date, and where delivered <input type="checkbox"/> 35¢ fee	<input type="checkbox"/> 50¢ fee

PD Form 3800
Mar. 1966

NO INSURANCE COVERAGE PROVIDED—
NOT FOR INTERNATIONAL MAIL (See other side)

1. Stick postage stamps to your article to pay:

BASIC CHARGES

Certified fee—30¢

Postage (first-class or airmail)

OPTIONAL SERVICES

Return receipt (10¢ or 35¢)

Deliver to addressee only—50¢

Special delivery

2. If you want this receipt postmarked, stick the gummed stub on the left portion of the address side of the article, *leaving the receipt attached*, and present the article at a post office service window or hand it to your rural carrier. (*no extra charge*)
3. If you do not want this receipt postmarked, stick the gummed stub on the left portion of the address side of the article, detach and retain the receipt, and mail the article.
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5. If you want the article delivered only to the addressee, endorse it on the front DELIVER TO ADDRESSEE ONLY. (*Fee—50¢*). Place the same endorsement in line 2 of the return receipt card.
6. Save this receipt and present it if you make inquiry.

No. 891029

RECEIPT FOR CERTIFIED MAIL—30¢

SENT TO <i>Rita Carloni</i>		POSTMARK OR DATE
STREET AND NO. <i>702 Douglas Avenue</i>		
P. O., STATE, AND ZIP CODE <i>Providence, R. I.</i>		
EXTRA SERVICES FOR ADDITIONAL FEES		
Return Receipt Shows to whom and date delivered <input type="checkbox"/> 10¢ fee	Shows to whom, date, and where delivered <input type="checkbox"/> 35¢ fee	Deliver to Addressee Only <input type="checkbox"/> 50¢ fee

PD Form 3800
Mar. 1966

NO INSURANCE COVERAGE PROVIDED— (See other side)
NOT FOR INTERNATIONAL MAIL

1. Stick postage stamps to your article to pay:

BASIC CHARGES

Certified fee—30¢

Postage (first-class or airmail)

OPTIONAL SERVICES

Return receipt (10¢ or 35¢)

Deliver to addressee only—50¢

Special delivery

2. If you want this receipt postmarked, stick the gummed stub on the left portion of the address side of the article, *leaving the receipt attached*, and present the article at a post office service window or hand it to your rural carrier. (*no extra charge*)
3. If you do not want this receipt postmarked, stick the gummed stub on the left portion of the address side of the article, detach and retain the receipt, and mail the article.
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5. If you want the article delivered only to the addressee, endorse it on the front DELIVER TO ADDRESSEE ONLY. (*Fee—50¢*). Place the same endorsement in line 2 of the return receipt card.
6. Save this receipt and present it if you make inquiry.

No. 891030

RECEIPT FOR CERTIFIED MAIL—30¢

SENT TO <i>Mrs. F. Rattigan</i>		POSTMARK OR DATE
STREET AND NO. <i>718 Douglas Avenue</i>		
P. O., STATE, AND ZIP CODE <i>Providence, R.I.</i>		
EXTRA SERVICES FOR ADDITIONAL FEES		
Return Receipt Shows to whom and date delivered <input type="checkbox"/> 10¢ fee	Shows to whom, date, and where delivered <input type="checkbox"/> 35¢ fee	Deliver to Addressee Only <input type="checkbox"/> 50¢ fee

POD Form 3800
Mar. 1966

NO INSURANCE COVERAGE PROVIDED—
NOT FOR INTERNATIONAL MAIL

(See other side)

1. Stick postage stamps to your article to pay:

BASIC CHARGES

Certified fee—30¢

Postage (first-class or airmail)

OPTIONAL SERVICES

Return receipt (10¢ or 35¢)

Deliver to addressee only—50¢

Special delivery

2. If you want this receipt postmarked, stick the gummed stub on the left portion of the address side of the article, *leaving the receipt attached*, and present the article at a post office service window or hand it to your rural carrier. *(no extra charge)*
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5. If you want the article delivered only to the addressee, endorse it on the front DELIVER TO ADDRESSEE ONLY. *(Fee—50¢)*. Place the same endorsement in line 2 of the return receipt card.
6. Save this receipt and present it if you make inquiry.

No. 891031

RECEIPT FOR CERTIFIED MAIL—30¢

SENT TO <i>Virginia Lyzo</i>		POSTMARK OR DATE
STREET AND NO. <i>121 Veazie Street</i>		
P. O., STATE, AND ZIP CODE <i>Providence, R.I.</i>		
EXTRA SERVICES FOR ADDITIONAL FEES		
Return Receipt Shows to whom and date delivered <input type="checkbox"/> 10¢ fee	Shows to whom, date, and where delivered <input type="checkbox"/> 35¢ fee	Deliver to Addressee Only <input type="checkbox"/> 50¢ fee

POD Form 3800
Mar. 1966

**NO INSURANCE COVERAGE PROVIDED—
NOT FOR INTERNATIONAL MAIL**

(See other side)

1. Stick postage stamps to your article to pay:

BASIC CHARGES

Certified fee—30¢

Postage (first-class or airmail)

OPTIONAL SERVICES

Return receipt (10¢ or 35¢)

Deliver to addressee only—50¢

Special delivery

2. If you want this receipt postmarked, stick the gummed stub on the left portion of the address side of the article, *leaving the receipt attached*, and present the article at a post office service window or hand it to your rural carrier. (*no extra charge*)
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5. If you want the article delivered only to the addressee, endorse it on the front DELIVER TO ADDRESSEE ONLY. (*Fee—50¢*). Place the same endorsement in line 2 of the return receipt card.
6. Save this receipt and present it if you make inquiry.

No. 891032

RECEIPT FOR CERTIFIED MAIL—30¢

SENT TO <i>George L. Perivier, Jr.</i>		POSTMARK OR DATE
STREET AND NO. <i>124 Weymouth Street</i>		
P. O., STATE, AND ZIP CODE <i>Providence, R.I.</i>		
EXTRA SERVICES FOR ADDITIONAL FEES		
Return Receipt Shows to whom and date delivered <input type="checkbox"/> 10¢ fee	Deliver to Addressee Only Shows to whom, date, and where delivered <input type="checkbox"/> 35¢ fee	<input type="checkbox"/> 50¢ fee

POD Form 3800 Mar. 1966 NO INSURANCE COVERAGE PROVIDED— (See other side)
NOT FOR INTERNATIONAL MAIL

1. Stick postage stamps to your article to pay:

BASIC CHARGES

Certified fee—30¢

Postage (first-class or airmail)

OPTIONAL SERVICES

Return receipt (10¢ or 35¢)

Deliver to addressee only—50¢

Special delivery

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5. If you want the article delivered only to the addressee, endorse it on the front DELIVER TO ADDRESSEE ONLY. *(Fee—50¢)*. Place the same endorsement in line 2 of the return receipt card.
6. Save this receipt and present it if you make inquiry.

No. 891033

RECEIPT FOR CERTIFIED MAIL—30¢

SENT TO <i>John De Angelis & Wf Rose</i>		POSTMARK OR DATE
STREET AND NO. <i>101 Vesque Street</i>		
P. O., STATE, AND ZIP CODE <i>Providence, R.I.</i>		
EXTRA SERVICES FOR ADDITIONAL FEES		
Return Receipt Shows to whom and date delivered <input type="checkbox"/> 10¢ fee	Deliver to Addressee Only Shows to whom, date, and where delivered <input type="checkbox"/> 35¢ fee	<input type="checkbox"/> 50¢ fee

POD Form 3800
Mar. 1966

NO INSURANCE COVERAGE PROVIDED— (See other side)
NOT FOR INTERNATIONAL MAIL

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BASIC CHARGES

Certified fee—30¢

Postage (first-class or airmail)

OPTIONAL SERVICES

Return receipt (10¢ or 35¢)

Deliver to addressee only—50¢

Special delivery

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6. Save this receipt and present it if you make inquiry.

No. 891034

RECEIPT FOR CERTIFIED MAIL—30¢

SENT TO <i>Anthony A. Petering Rose</i>		POSTMARK OR DATE
STREET AND NO. <i>28 Hillview Drive</i>		
P. O., STATE, AND ZIP CODE <i>North Providence, R.I.</i>		
EXTRA SERVICES FOR ADDITIONAL FEES		
Return Receipt Shows to whom and date delivered <input type="checkbox"/> 10¢ fee	Deliver to Addressee Only Shows to whom, date, and where delivered <input type="checkbox"/> 35¢ fee <input type="checkbox"/> 50¢ fee	

PDD Form 3800
Mar. 1966

NO INSURANCE COVERAGE PROVIDED—
NOT FOR INTERNATIONAL MAIL

(See other side)

1. Stick postage stamps to your article to pay:

BASIC CHARGES

Certified fee—30¢

Postage (first-class or airmail)

OPTIONAL SERVICES

Return receipt (10¢ or 35¢)

Deliver to addressee only—50¢

Special delivery

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3. If you do not want this receipt postmarked, stick the gummed stub on the left portion of the address side of the article, detach and retain the receipt, and mail the article.
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5. If you want the article delivered only to the addressee, endorse it on the front DELIVER TO ADDRESSEE ONLY. (*Fee—50¢*). Place the same endorsement in line 2 of the return receipt card.
6. Save this receipt and present it if you make inquiry.

No. 891035

RECEIPT FOR CERTIFIED MAIL—30¢

SENT TO <i>Mary Fargnoli & Inf Carmela</i>		POSTMARK OR DATE
STREET AND NO. <i>74 Wayne Street</i>		
P. O., STATE, AND ZIP CODE <i>Providence, R. I.</i>		
EXTRA SERVICES FOR ADDITIONAL FEES		
Return Receipt Shows to whom and date delivered <input type="checkbox"/> 10¢ fee	Deliver to Addressee Only Shows to whom, date, and where delivered <input type="checkbox"/> 35¢ fee	<input type="checkbox"/> 50¢ fee

POD Form 3800
Mar. 1966

**NO INSURANCE COVERAGE PROVIDED—
NOT FOR INTERNATIONAL MAIL**

(See other side)

1. Stick postage stamps to your article to pay:

BASIC CHARGES

Certified fee—30¢

Postage (first-class or airmail)

OPTIONAL SERVICES

Return receipt (10¢ or 35¢)

Deliver to addressee only—50¢

Special delivery

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5. If you want the article delivered only to the addressee, endorse it on the front DELIVER TO ADDRESSEE ONLY. *(Fee—50¢)*. Place the same endorsement in line 2 of the return receipt card.
6. Save this receipt and present it if you make inquiry.

No. 891036

RECEIPT FOR CERTIFIED MAIL—30¢

SENT TO <i>Fairlawn Credit Union</i>		POSTMARK OR DATE
STREET AND NO. <i>393 Armistice Boulevard</i>		
P. O., STATE, AND ZIP CODE <i>Panama City Beach, Florida 32413</i>		
EXTRA SERVICES FOR ADDITIONAL FEES		
Return Receipt Shows to whom and date delivered <input type="checkbox"/> 10¢ fee	Shows to whom, date, and where delivered <input type="checkbox"/> 35¢ fee	Deliver to Addressee Only <input type="checkbox"/> 50¢ fee

POD Form 3800 Mar. 1966 NO INSURANCE COVERAGE PROVIDED— (See other side)
NOT FOR INTERNATIONAL MAIL

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Certified fee—30¢

Postage (first-class or airmail)

OPTIONAL SERVICES

Return receipt (10¢ or 35¢)

Deliver to addressee only—50¢

Special delivery

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5. If you want the article delivered only to the addressee, endorse it on the front DELIVER TO ADDRESSEE ONLY. (*Fee—50¢*). Place the same endorsement in line 2 of the return receipt card.
6. Save this receipt and present it if you make inquiry.

No. 891037

RECEIPT FOR CERTIFIED MAIL—30¢

SENT TO <i>D.V.A. Realty Company</i>		POSTMARK OR DATE . . .
STREET AND NO. <i>29 Weybosset Street</i>		
P. O., STATE, AND ZIP CODE <i>Providence R.I.</i>		
EXTRA SERVICES FOR ADDITIONAL FEES		
Return Receipt Shows to whom and date delivered <input type="checkbox"/> 10¢ fee	Shows to whom, date, and where delivered <input type="checkbox"/> 35¢ fee	Deliver to Addressee Only <input type="checkbox"/> 50¢ fee

POD Form 3800
Mar. 1966

NO INSURANCE COVERAGE PROVIDED—
NOT FOR INTERNATIONAL MAIL

(See other side)

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Certified fee—30¢

Postage (first-class or airmail)

OPTIONAL SERVICES

Return receipt (10¢ or 35¢)

Deliver to addressee only—50¢

Special delivery

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5. If you want the article delivered only to the addressee, endorse it on the front DELIVER TO ADDRESSEE ONLY. *(Fee—50¢)*. Place the same endorsement in line 2 of the return receipt card.
6. Save this receipt and present it if you make inquiry.

No. 891038

RECEIPT FOR CERTIFIED MAIL—30¢

SENT TO <i>Margaret Acosta</i>		POSTMARK OR DATE
STREET AND NO. <i>96 George Street</i>		
P. O., STATE, AND ZIP CODE <i>Providence, R. I.</i>		
EXTRA SERVICES FOR ADDITIONAL FEES		
Return Receipt Shows to whom and date delivered <input type="checkbox"/> 10¢ fee	Deliver to Addressee Only Shows to whom, date, and where delivered <input type="checkbox"/> 35¢ fee <input type="checkbox"/> 50¢ fee	

POD Form 3800
Mar. 1966

**NO INSURANCE COVERAGE PROVIDED—
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(See other side)

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BASIC CHARGES

Certified fee—30¢

Postage (first-class or airmail)

OPTIONAL SERVICES

Return receipt (10¢ or 35¢)

Deliver to addressee only—50¢

Special delivery

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6. Save this receipt and present it if you make inquiry.

INSTRUCTIONS TO DELIVERING EMPLOYEE		
<input type="checkbox"/> Show to whom and date delivered	<input type="checkbox"/> Show to whom, date, and address where delivered	<input type="checkbox"/> Deliver ONLY to addressee
(Additional charges required for these services)		

RECEIPT

Received the numbered article described below.

REGISTERED NO.	<div style="display: flex; align-items: center;"> <div style="background-color: black; color: white; padding: 5px; margin-right: 5px;">1</div> <div>891018</div> </div>	SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in)
CERTIFIED NO.		SIGNATURE OF ADDRESSEE'S AGENT, IF ANY
INSURED NO.		L.O. Iannaccone
DATE DELIVERED	SHOW WHERE DELIVERED (only if requested)	
7/19/67		

891019

055-16-71518-0 GPO

POST OFFICE DEPARTMENT
OFFICIAL BUSINESS

PENALTY FOR PRIVATE USE TO AVOID
PAYMENT OF POSTAGE, \$300

PSG-10-71548-9

POD Form 3811 June 1966

POSTMARK OF
DELIVERING OFFICE



INSTRUCTIONS: Show name and address below and complete instructions on other side, where applicable. Moisten gummed ends, attach and hold firmly to back of article. Print on front of article **RETURN RECEIPT REQUESTED.**

NAME OF SENDER

STREET AND NO. OR P.O. BOX

VINCENT VESPIA, CITY CLERK
DEPARTMENT OF CITY CLERK

POST OFFICE, STATE, AND ZIP CODE

CITY HALL
PROVIDENCE, R.I. 02903

INSTRUCTIONS TO DELIVERING EMPLOYEE		
<input type="checkbox"/> Show to whom and date delivered	<input type="checkbox"/> Show to whom, date, and address where delivered	<input type="checkbox"/> Deliver ONLY to addressee
(Additional charges required for these services)		

RECEIPT

Received the numbered article described below.

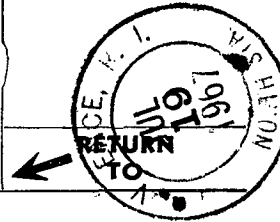
REGISTERED NO.	<div style="display: flex; align-items: center;"> <div style="background-color: black; color: white; padding: 5px; margin-right: 5px;">1</div> <div style="border-bottom: 1px solid black; flex-grow: 1;">891021</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: black; color: white; padding: 5px; margin-right: 5px;">2</div> <div style="border-bottom: 1px solid black; flex-grow: 1;">Frank Paola</div> </div>	
CERTIFIED NO.		
INSURED NO.		
DATE DELIVERED	SHOW WHERE DELIVERED (only if requested)	

POST OFFICE DEPARTMENT
OFFICIAL BUSINESS

PENALTY FOR PRIVATE USE TO AVOID
PAYMENT OF POSTAGE, \$300

POSTMARK OF
DELIVERING OFFICE

INSTRUCTIONS: Show name and address below and complete instructions on other side, where applicable. Moisten gummed ends, attach and hold firmly to back of article. Print on front of article **RETURN RECEIPT REQUESTED**.



NAME OF SENDER

From

STREET AND NO. OR P.O. BOX

POST OFFICE, STATE, AND ZIP CODE

VINCENT VESPIA, CITY CLERK
DEPARTMENT OF CITY CLERK
CITY HALL
PROVIDENCE, R.I. 02903

POD Form 3811 June 1966 c55-18-71548-9

INSTRUCTIONS TO DELIVERING EMPLOYEEShow to whom and
date deliveredShow to whom, date, and
address where deliveredDeliver **ONLY**
to addressee*(Additional charges required for these services)***RECEIPT***Received the numbered article described below.*

REGISTERED NO.

SIGNATURE OR NAME OF ADDRESSEE *(Must always be filled in)*

CERTIFIED NO.

INSURED NO.

DATE DELIVERED

1

SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

2

SHOW WHERE DELIVERED *(only if requested)*

891022

Lucas Lodi

7/19/67

POST OFFICE DEPARTMENT
OFFICIAL BUSINESS

PENALTY FOR PRIVATE USE TO AVOID
PAYMENT OF POSTAGE, \$300

PS-16-71548-9

POD Form 3811 June 1966

INSTRUCTIONS: Show name and address below and complete instructions on other side, where applicable. Moisten gummed ends, attach and hold firmly to back of article. Print on front of article **RETURN RECEIPT REQUESTED**.

POSTMARK OF
DELIVERING OFFICE



← **RETURN TO**

NAME OF SENDER

From

STREET AND NO. OR P.O. BOX

VINCENT VESPIA, CITY CLERK
DEPARTMENT OF CITY CLERK

POST OFFICE, STATE, AND ZIP CODE

CITY HALL
PROVIDENCE, R.I. 02903

INSTRUCTIONS TO DELIVERING EMPLOYEE

☐ Show to whom and date delivered ☐ Show to whom, date, and address where delivered ☐ Deliver ONLY to addressee
(Additional charges required for these services)

RECEIPT

Received the numbered article described below.

REGISTERED NO.	<div>1</div> <div>2</div>	SIGNATURE OR NAME OF ADDRESSEE (<i>Must always be filled in</i>)
CERTIFIED NO.		891023
INSURED NO.		SIGNATURE OF ADDRESSEE'S AGENT, IF ANY
DATE DELIVERED		7-19-67
		SHOW WHERE DELIVERED (<i>only if requested</i>)
		Mr. Clara Ripa

67-10-71645-0 670

POST OFFICE DEPARTMENT
OFFICIAL BUSINESS

PENALTY FOR PRIVATE USE TO AVOID
PAYMENT OF POSTAGE, \$300

065-16-71548-9

POD Form 3811 June 1966

INSTRUCTIONS: Show name and address below and complete instructions on other side, where applicable. Moisten gummed ends, attach and hold firmly to back of article. Print on front of article **RETURN RECEIPT REQUESTED**.

POSTMARK OF
DELIVERING OFFICE



RETURN
TO

NAME OF SENDER

From

STREET AND NO. OR P.O. BOX

POST OFFICE, STATE, AND ZIP CODE

VINCENT VESPIA, CITY CLERK
DEPARTMENT OF CITY CLERK
CITY HALL
PROVIDENCE, R.I. 02903

INSTRUCTIONS TO DELIVERING EMPLOYEE

☐ Show to whom and date delivered ☐ Show to whom, date, and address where delivered ☐ Deliver ONLY to addressee
(Additional charges required for these services)

RECEIPT

Received the numbered article described below.

REGISTERED NO.	1 2	SIGNATURE OR NAME OF ADDRESSEE (<i>Must always be filled in</i>)
CERTIFIED NO.		891024
INSURED NO.		SIGNATURE OF ADDRESSEE'S AGENT, IF ANY
DATE DELIVERED		Edith DeRosa
		SHOW WHERE DELIVERED (<i>only if requested</i>)
7-19-67		

**POST OFFICE DEPARTMENT
OFFICIAL BUSINESS**

PENALTY FOR PRIVATE USE TO AVOID
PAYMENT OF POSTAGE, \$300

655-16-71548-9

POD Form 3811 June 1966

INSTRUCTIONS: Show name and address below and complete instructions on other side, where applicable. Moisten gummed ends, attach and hold firmly to back of article. Print on front of article **RETURN RECEIPT REQUESTED**.

POSTMARK OF
DELIVERING OFFICE



← RETURN TO

NAME OF SENDER

From

STREET AND NO. OR P.O. BOX

POST OFFICE, STATE, AND ZIP CODE

**VINCENT VESPIA, CITY CLERK
DEPARTMENT OF CITY CLERK
CITY HALL
PROVIDENCE, R. I. 02903**

INSTRUCTIONS TO DELIVERING EMPLOYEE		
<input type="checkbox"/> Show to whom and date delivered	<input type="checkbox"/> Show to whom, date, and address where delivered	<input type="checkbox"/> Deliver ONLY to addressee
(Additional charges required for these services)		

RECEIPT

Received the numbered article described below.

REGISTERED NO.	<div style="display: flex; align-items: center; justify-content: center;"> <div style="background-color: black; color: white; padding: 5px; margin-right: 5px;">1</div> <div style="font-size: 2em; font-family: cursive;">891 025</div> </div>	SIGNATURE OR NAME OF ADDRESSEE (<i>Must always be filled in</i>)	
CERTIFIED NO.		<div style="display: flex; align-items: center; justify-content: center;"> <div style="background-color: black; color: white; padding: 5px; margin-right: 5px;">2</div> <div style="font-size: 1.2em; font-family: cursive;">Frank J. ...</div> </div>	SIGNATURE OF ADDRESSEE'S AGENT, IF ANY
INSURED NO.			

DATE DELIVERED	SHOW WHERE DELIVERED (<i>only if requested</i>)
JUL 22 1967	<div style="font-size: 1.5em; font-family: cursive;">Frank J. ...</div> <div style="font-size: 1.5em; font-family: cursive;">891025</div>

**POST OFFICE DEPARTMENT
OFFICIAL BUSINESS**

PENALTY FOR PRIVATE USE TO AVOID
PAYMENT OF POSTAGE, \$300

65-16-71548-9

POD Form 3811 June 1966

INSTRUCTIONS: Show name and address below and complete instructions on other side, where applicable. Moisten gummed ends, attach and hold firmly to back of article. Print on front of article **RETURN RECEIPT REQUESTED.**

POSTMARK OF
DELIVERING OFFICE



**RETURN
TO**

NAME OF SENDER

From

STREET AND NO. OR P.O. BOX

**VINCENT VESPIA, CITY CLERK
DEPARTMENT OF CITY CLERK**

POST OFFICE, STATE, AND ZIP CODE

**CITY HALL
PROVIDENCE, R.I. 02903**

INSTRUCTIONS TO DELIVERING EMPLOYEE		
<input type="checkbox"/> Show to whom and date delivered	<input type="checkbox"/> Show to whom, date, and address where delivered	<input type="checkbox"/> Deliver ONLY to addressee
(Additional charges required for these services)		

RECEIPT

Received the numbered article described below:

REGISTERED NO.	<div style="display: flex; align-items: center;"> <div style="background-color: black; color: white; padding: 5px; margin-right: 5px;">1</div> <div style="border-bottom: 1px solid black; flex-grow: 1;">891026</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: black; color: white; padding: 5px; margin-right: 5px;">2</div> <div style="border-bottom: 1px solid black; flex-grow: 1;">SIGNATURE OF ADDRESSEE'S AGENT, IF ANY</div> </div>	SIGNATURE OR NAME OF ADDRESSEE (<i>Must always be filled in</i>)
CERTIFIED NO.		
INSURED NO.		
DATE DELIVERED	SHOW WHERE DELIVERED (<i>only if requested</i>)	
7-19-67	R. Crow	

**POST OFFICE DEPARTMENT
OFFICIAL BUSINESS**

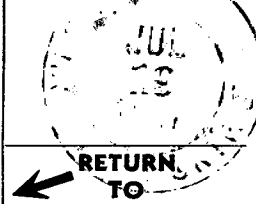
PENALTY FOR PRIVATE USE TO AVOID
PAYMENT OF POSTAGE, \$300

655-18-71548-9

POD Form 3811 June 1966

INSTRUCTIONS: Show name and address below and complete instructions on other side, where applicable. Moisten gummed ends, attach and hold firmly to back of article. Print on front of article **RETURN RECEIPT REQUESTED.**

POSTMARK OF
DELIVERING OFFICE



NAME OF SENDER

From

STREET AND NO. OR P.O. BOX

**VINCENT VESPIA, CITY CLERK
DEPARTMENT OF CITY CLERK**

POST OFFICE, STATE, AND ZIP CODE

**CITY HALL
PROVIDENCE, R.I. 02903**

INSTRUCTIONS TO DELIVERING EMPLOYEE

☐ Show to whom and date delivered
 ☐ Show to whom, date, and address where delivered
 ☐ Deliver ONLY to addressee
(Additional charges required for these services)

RECEIPT

Received the numbered article described below.

REGISTERED NO.	<div style="display: flex; align-items: center; justify-content: center;"> <div style="background-color: black; color: white; padding: 5px; margin-right: 5px;">1</div> <div style="border-left: 2px solid black; padding-left: 10px;"> 89102 #7 </div> </div>	SIGNATURE OR NAME OF ADDRESSEE <i>(Must always be filled in)</i>	
VERIFIED NO.		<div style="display: flex; align-items: center; justify-content: center;"> <div style="background-color: black; color: white; padding: 5px; margin-right: 5px;">2</div> <div style="border-left: 2px solid black; padding-left: 10px;"> <i>J. M. DeLoach</i> </div> </div>	SIGNATURE OF ADDRESSEE'S AGENT, IF ANY
INDEXED NO.			
DATE DELIVERED	SHOW WHERE DELIVERED <i>(only if requested)</i>		
7/19/67			

POST OFFICE DEPARTMENT
OFFICIAL BUSINESS

PENALTY FOR PRIVATE USE TO AVOID
PAYMENT OF POSTAGE \$300.



INSTRUCTIONS: Show name and address below and complete instructions on other side, where applicable. Moisten gummed ends, attach and hold firmly to back of article. Print on front of article *RETURN RECEIPT REQUESTED*.

NAME OF SENDER

From

STREET AND NO. OR P.O. BOX

VINCENT VESPIA, CITY CLERK
DEPARTMENT OF CITY CLERK

POST OFFICE, STATE, AND ZIP CODE

CITY HALL
PROVIDENCE, R.I. 02903

PCO Form 3811 June 1966 c55-16-71548-9

INSTRUCTIONS TO DELIVERING EMPLOYEE		
<input type="checkbox"/> Show to whom and date delivered	<input type="checkbox"/> Show to whom, date, and address where delivered	<input type="checkbox"/> Deliver ONLY to addressee
(Additional charges required for these services)		

RECEIPT

Received the numbered article described below.

REGISTERED NO.	<div style="display: flex; align-items: center;"> <div style="background-color: black; color: white; padding: 5px; margin-right: 5px;"> 1 2 </div> <div> 89102 J Carroll Car Lane </div> </div>	SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in)
CERTIFIED NO.		SIGNATURE OF ADDRESSEE'S AGENT, IF ANY
INSURED NO.		
DATE DELIVERED 7/1/95	SHOW WHERE DELIVERED (only if requested)	

POST OFFICE DEPARTMENT
OFFICIAL BUSINESS

PENALTY FOR PRIVATE USE TO AVOID
PAYMENT OF POSTAGE \$300

POST MARK OF
DELIVERING OFFICE



INSTRUCTIONS: Show name and address below and complete instructions on other side, where applicable. Moisten gummed ends, attach and hold firmly to back of article. Print on front of article *RETURN RECEIPT REQUESTED*.

← **RETURN
TO**

NAME OF SENDER

From

STREET AND NO. OR P.O. BOX

**VINCENT VESPIA, CITY CLERK
DEPARTMENT OF CITY CLERK**

POST OFFICE, STATE, AND ZIP CODE

**CITY HALL
PROVIDENCE, R.I. 02903**

c65-16-71548-9

POD Form 3811 June 1966

INSTRUCTIONS TO DELIVERING EMPLOYEE		
<input type="checkbox"/> Show to whom and date delivered	<input type="checkbox"/> Show to whom, date, and address where delivered	<input type="checkbox"/> Deliver ONLY to addressee
(Additional charges required for these services)		

RECEIPT

Received the numbered article described below.

REGISTERED NO.	<div style="display: flex; align-items: center;"> <div style="background-color: black; color: white; padding: 5px; margin-right: 5px; text-align: center;">1</div> <div>891029</div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: black; color: white; padding: 5px; margin-right: 5px; text-align: center;">2</div> <div>Rita Carlone</div> </div>	SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in)
CERTIFIED NO.		SIGNATURE OF ADDRESSEE'S AGENT, IF ANY
INSURED NO.		
DATE DELIVERED	SHOW WHERE DELIVERED (only if requested)	
7-19-67	Carol Carlone	

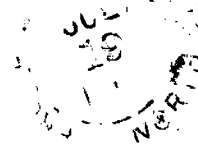
POST OFFICE DEPARTMENT
OFFICIAL BUSINESS

PENALTY FOR PRIVATE USE TO AVOID
PAYMENT OF POSTAGE, \$300

cs5-16-71548-9

INSTRUCTIONS: Show name and address below and complete instructions on other side, where applicable. Moisten gummed ends, attach and hold firmly to back of article. Print on front of article *RETURN RECEIPT REQUESTED*.

POSTMARK OF
DELIVERING OFFICE



← **RETURN
TO**

NAME OF SENDER

From

STREET AND NO. OR P.O. BOX

**VINCENT VESPIA, CITY CLERK
DEPARTMENT OF CITY CLERK**

POST OFFICE, STATE, AND ZIP CODE

**CITY HALL
PROVIDENCE, R.I. 02903**

POD Form 3811 June 1966

INSTRUCTIONS TO DELIVERING EMPLOYEE		
<input checked="" type="checkbox"/> Show to whom and date delivered	<input type="checkbox"/> Show to whom, date, and address where delivered	<input type="checkbox"/> Deliver ONLY to addressee
(Additional charges required for these services)		

RECEIPT

Received the numbered article described below.

REGISTERED NO.	<div>1 2</div>	SIGNATURE OR NAME OF ADDRESSEE (<i>Must always be filled in</i>)
CERTIFIED NO.		891030
INSURED NO.		SIGNATURE OF ADDRESSEE'S AGENT, IF ANY Nora F. Lettigan
DATE DELIVERED JUL 25 1967		SHOW WHERE DELIVERED (<i>only if requested</i>) Agnes R. Gorman

POST OFFICE DEPARTMENT
OFFICIAL BUSINESS

PENALTY FOR PRIVATE USE TO AVOID
PAYMENT OF POSTAGE, \$300

POSTMARK OF
DELIVERING OFFICE

25
1901

NO. 311

INSTRUCTIONS: Show name and address below and complete instructions on other side, where applicable. Moisten gummed ends, attach and hold firmly to back of article. Print on front of article **RETURN RECEIPT REQUESTED**.

← **RETURN
TO**

NAME OF SENDER

From

STREET AND NO. OR P.O. BOX

POST OFFICE, STATE, AND ZIP CODE

VINCENT VESPIA, CITY CLERK
DEPARTMENT OF CITY CLERK
CITY HALL
PROVIDENCE, R.I. 02903

c55-16-71548-9

FOR Form 3911 June 1966



INSTRUCTIONS TO DELIVERING EMPLOYEE

☐ Show to whom and date delivered ☐ Show to whom, date, and address where delivered ☐ Deliver ONLY to addressee
(Additional charges required for these services)

RECEIPT

Received the numbered article described below.

REGISTERED NO.	<div>1</div> <div>2</div>	SIGNATURE OR NAME OF ADDRESSEE (<i>Must always be filled in</i>)
CERTIFIED NO. 891031		891031
INSURED NO.		SIGNATURE OF ADDRESSEE'S AGENT, IF ANY Virginia Izzo
DATE DELIVERED JUL 22 1967	SHOW WHERE DELIVERED (<i>only if requested</i>)	

POST OFFICE DEPARTMENT OFFICIAL BUSINESS		PENALTY FOR PRIVATE USE TO AVOID PAYMENT OF POSTAGE, \$300	
e55-16-71548-9 POD Form 3811 June 1966			
	<p>INSTRUCTIONS: Show name and address below and complete instructions on other side, where applicable. Moisten gummed ends, attach and hold firmly to back of article. Print on front of article RETURN RECEIPT REQUESTED.</p>		<p>RETURN TO</p>
NAME OF SENDER			
From			
STREET AND NO. OR P.O. BOX		VINCENT VESPIA, CITY CLERK	
		DEPARTMENT OF CITY CLERK	
POST OFFICE, STATE, AND ZIP CODE		CITY HALL	
		PROVIDENCE, R.I. 02903	

INSTRUCTIONS TO DELIVERING EMPLOYEE		
<input type="checkbox"/> Show to whom and date delivered	<input type="checkbox"/> Show to whom, date, and address where delivered	<input type="checkbox"/> Deliver ONLY to addressee
<i>(Additional charges required for these services)</i>		

RECEIPT

Received the numbered article described below.

REGISTERED NO.	SIGNATURE OR NAME OF ADDRESSEE <i>(Must always be filled in)</i>
CERTIFIED NO. <i>89103</i>	① George L. Pierce & wf
INSURED NO.	② SIGNATURE OF ADDRESSEE'S AGENT, IF ANY
DATE DELIVERED	129 Veazie Street
	SHOW WHERE DELIVERED <i>(only if requested)</i>

891.032

RETURNED

c55-16-71548-9 GPO

POST OFFICE DEPARTMENT
OFFICIAL BUSINESS

PENALTY FOR PRIVATE USE TO AVOID
PAYMENT OF POSTAGE, \$300

POSTMARK OF
DELIVERING OFFICE

INSTRUCTIONS: Show name and address below and
complete instructions on other side, where applicable.
Moisten gummed ends, attach and hold firmly to back
of article. Print on front of article **RETURN**
RECEIPT REQUESTED.

← **RETURN**
TO

NAME OF SENDER

From

STREET AND NO. OR P.O. BOX

VINCENT VESPIA, CITY CLERK
DEPARTMENT OF CITY CLERK
CITY HALL
PROVIDENCE, R.I. 02903


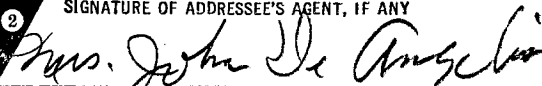
POST OFFICE, STATE, AND ZIP CODE

es5-16-71548-9
POD Form 3811 June 1963

INSTRUCTIONS TO DELIVERING EMPLOYEE		
<input type="checkbox"/> Show to whom and date delivered	<input type="checkbox"/> Show to whom, date, and address where delivered	<input type="checkbox"/> Deliver ONLY to addressee
(Additional charges required for these services)		

RECEIPT

Received the numbered article described below.

REGISTERED NO.	<div style="display: flex; align-items: center;"> <div style="background-color: black; color: white; padding: 5px; margin-right: 5px;">1</div> <div style="border-left: 1px solid black; padding-left: 5px;"> SIGNATURE OR NAME OF ADDRESSEE (<i>Must always be filled in</i>)  </div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: black; color: white; padding: 5px; margin-right: 5px;">2</div> <div style="border-left: 1px solid black; padding-left: 5px;"> SIGNATURE OF ADDRESSEE'S AGENT, IF ANY  </div> </div>
CERTIFIED NO. <i>99163</i>	
INSURED NO.	
DATE DELIVERED <i>7/19/57</i>	
SHOW WHERE DELIVERED (<i>only if requested</i>)	

POST OFFICE DEPARTMENT
OFFICIAL BUSINESS

PENALTY FOR PRIVATE USE TO AVOID
PAYMENT OF POSTAGE \$300

POSTMARK OF
DELIVERING OFFICE



INSTRUCTIONS: Show name and address below and complete instructions on other side, where applicable. Moisten gummed ends, attach and hold firmly to back of article. Print on front of article **RETURN RECEIPT REQUESTED**.

**RETURN
TO**

NAME OF SENDER

From

STREET AND NO. OR P.O. BOX

VINCENT VESPIA, CITY CLERK
DEPARTMENT OF CITY CLERK

POST OFFICE, STATE, AND ZIP CODE

CITY HALL
PROVIDENCE, R.I. 02903

PS-16-71548-9

POD Form 3811 June 1966

INSTRUCTIONS TO DELIVERING EMPLOYEE☐Show to whom and
date delivered☐Show to whom, date, and
address where delivered☐Deliver **ONLY**
to addressee*(Additional charges required for these services)***RECEIPT***Received the numbered article described below.*

REGISTERED NO.

SIGNATURE OR NAME OF ADDRESSEE (*Must always be filled in*)

CERTIFIED NO.

89103

1

Rose Port

INSURED NO.

2

SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

DATE DELIVERED

7/19/67

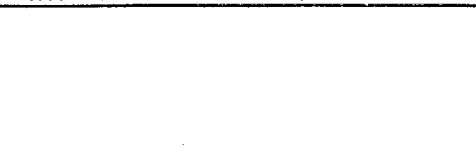
SHOW WHERE DELIVERED (*only if requested*)

POST OFFICE DEPARTMENT
OFFICIAL BUSINESS

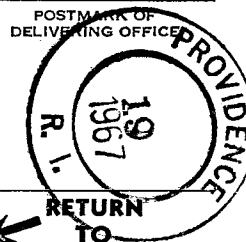
PENALTY FOR PRIVATE USE TO AVOID
PAYMENT OF POSTAGE, \$300

655-16-71548-9

POD Form 3811 June 1966



INSTRUCTIONS: Show name and address below and complete instructions on other side, where applicable. Moisten gummed ends, attach and hold firmly to back of article. Print on front of article **RETURN RECEIPT REQUESTED**.



NAME OF SENDER

From

STREET AND NO. OR P.O. BOX

POST OFFICE, STATE, AND ZIP CODE

VINCENT VESPIA, CITY CLERK
DEPARTMENT OF CITY CLERK
CITY HALL
PROVIDENCE, R.I. 02903

INSTRUCTIONS TO DELIVERING EMPLOYEE		
<input type="checkbox"/> Show to whom and date delivered	<input type="checkbox"/> Show to whom, date, and address where delivered	<input type="checkbox"/> Deliver ONLY to addressee
(Additional charges required for these services)		

RECEIPT

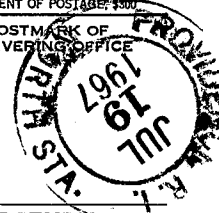
Received the numbered article described below.

REGISTERED NO.	<div style="display: flex; align-items: center; justify-content: center;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; margin-right: 5px;">1</div> <div style="border-left: 2px solid black; height: 40px; margin: 0 10px;"></div> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; margin-left: 5px;">2</div> </div>	SIGNATURE OR NAME OF ADDRESSEE (<i>Must always be filled in</i>)
CERTIFIED NO. 79103		<i>Ann Corbin</i>
INSURED NO.		SIGNATURE OF ADDRESSEE'S AGENT, IF ANY
DATE DELIVERED 7/19/67	SHOW WHERE DELIVERED (<i>only if requested</i>)	

POST OFFICE DEPARTMENT
OFFICIAL BUSINESS

PENALTY FOR PRIVATE USE TO AVOID
PAYMENT OF POSTAGE \$300

POSTMARK OF
DELIVERING OFFICE



INSTRUCTIONS: Show name and address below and complete instructions on other side, where applicable. Moisten gummed ends, attach and hold firmly to back of article. Print on front of article RETURN RECEIPT REQUESTED.

RETURN
TO

NAME OF SENDER

Vincent Vessia, City Clerk

STREET AND NO. OR P.O. BOX

Dept of City Clerk - City Hall

POST OFFICE, STATE, AND ZIP CODE

Providence, R.I. 02903

c55-16-71548-9

POD Form 3811 June 1966

INSTRUCTIONS TO DELIVERING EMPLOYEE		
<input type="checkbox"/> Show to whom and date delivered	<input type="checkbox"/> Show to whom, date, and address where delivered	<input type="checkbox"/> Deliver ONLY to addressee
(Additional charges required for these services)		

RECEIPT

Received the numbered article described below.

REGISTERED NO.	<div style="display: flex; align-items: center;"> <div style="background-color: black; color: white; padding: 5px; margin-right: 5px; text-align: center;">1</div> <div style="border-left: 1px solid black; padding-left: 5px;"> <i>Farlane Credit Union</i> </div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: black; color: white; padding: 5px; margin-right: 5px; text-align: center;">2</div> <div style="border-left: 1px solid black; padding-left: 5px;"> <i>Frank Lynch</i> </div> </div>	SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in)
CERTIFIED NO. <i>891034</i>		SIGNATURE OF ADDRESSEE'S AGENT, IF ANY
INSURED NO.		
DATE DELIVERED <i>JUL 21 1967</i>	SHOW WHERE DELIVERED (only if requested)	

POD Form 3811 June 1966
055-16-71548-9

POST OFFICE DEPARTMENT
OFFICIAL BUSINESS



~~PENALTY FOR PRIVATE USE TO AVOID
PAYMENT OF POSTAGE, \$300~~

POSTMARK OF
DELIVERING OFFICE

INSTRUCTIONS: Show name and address below and complete instructions on other side, where applicable. Moisten gummed ends, attach and hold firmly to back of article. Print on front of article *RETURN RECEIPT REQUESTED*.

← **RETURN
TO**

NAME OF SENDER

From

STREET AND NO. OR P.O. BOX

POST OFFICE, STATE, AND ZIP CODE

VINCENT VESPIA, CITY CLERK
DEPARTMENT OF CITY CLERK
CITY HALL
PROVIDENCE, R.I. 02903

INSTRUCTIONS TO DELIVERING EMPLOYEE		
<input type="checkbox"/> Show to whom and date delivered	<input type="checkbox"/> Show to whom, date, and address where delivered	<input type="checkbox"/> Deliver ONLY to addressee
(Additional charges required for these services)		

RECEIPT

Received the numbered article described below.

ENTERED NO.	SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in)	
D NO. 541631	1	B & A Realty
REF NO. 8	2	SIGNATURE OF ADDRESSEE'S AGENT, IF ANY
		Marquitta Owens
DATE DELIVERED 7/19/07	SHOW WHERE DELIVERED (only if requested)	

891037

**POST OFFICE DEPARTMENT
OFFICIAL BUSINESS**

PENALTY FOR PRIVATE USE TO AVOID
PAYMENT OF POSTAGE, \$300

POSTMARK OF
DELIVERING OFFICE

INSTRUCTIONS: Show name and address below and complete instructions on other side, where applicable. Moisten gummed ends, attach and hold firmly to back of article. Print on front of article *RETURN RECEIPT REQUESTED*.

**RETURN
TO**

NAME OF SENDER

From

STREET AND NO. OR P.O. BOX

**VINCENT VESPIA, CITY CLERK
DEPARTMENT OF CITY CLERK**

POST OFFICE, STATE, AND ZIP CODE

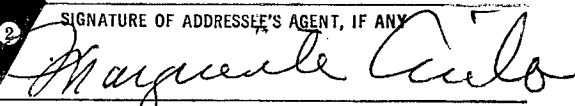
**CITY HALL
PROVIDENCE, R.I. 02903**

POD Form 3811 June 1966 e55-16-71649-9

INSTRUCTIONS TO DELIVERING EMPLOYEE		
<input type="checkbox"/> Show to whom and date delivered	<input type="checkbox"/> Show to whom, date, and address where delivered	<input type="checkbox"/> Deliver ONLY to addressee
(Additional charges required for these services)		

RECEIPT

Received the numbered article described below.

REGISTERED NO.	<div style="text-align: center;"> 1 2 </div>	SIGNATURE OR NAME OF ADDRESSEE (<i>Must always be filled in</i>)
CERTIFIED NO. 891037		SIGNATURE OF ADDRESSEE'S AGENT, IF ANY 
INSURED NO.		
DATE DELIVERED JUL 20 1967	SHOW WHERE DELIVERED (<i>only if requested</i>)	

891038

POST OFFICE DEPARTMENT
OFFICIAL BUSINESS

PENALTY FOR PRIVATE USE TO AVOID
PAYMENT OF POSTAGE, \$300

65-10-71548-9
POD Form 3811 June 1966



INSTRUCTIONS: Show name and address below and complete instructions on other side, where applicable. Moisten gummed ends, attach and hold firmly to back of article. Print on front of article **RETURN RECEIPT REQUESTED.**

NAME OF SENDER

From

STREET AND NO. OR P.O. BOX

VINCENT VESPIA, CITY CLERK
DEPARTMENT OF CITY CLERK

POST OFFICE, STATE, AND ZIP CODE

CITY HALL
PROVIDENCE, R.I. 02903

PETITION OF JOHN R. CIOCI FOR CHANGE IN ZONING - 680-684 DOUGLAS AVENUE.

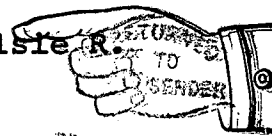
Plat 123

- Lot 11 - Louis Iannacone & wf Olga
130 Seventh Street
East Providence, Rhode Island
- 12 - "
- 13 - Frank Paola & wf Frances H.
662 Douglas Avenue
- 14 - James Landi & wf Teresa
75 Veazie Street
- 16 - Antonio Femmino & wf Grazia Est.
666 Douglas Avenue
- 17 - Joseph DeRosa & wf Edith
676 Douglas Avenue
- 18 - Francisco Iannucci $\frac{1}{2}$ in fee & $\frac{1}{2}$ for Life
87 Veazie Street
- 19 - "
- 20 - Joseph DeRosa & wf Edith
- 21 - John R. Cioci
61 Forbes Street
- 22 - Francesco Iannucci $\frac{1}{2}$ in fee & $\frac{1}{2}$ for Life
- 23 - Felicita DeAngelis
93 Veazie Street
- 24 - Carmella Carbone
111 Veazie Street
- 25 - Rita Carloni
702 Douglas Avenue
- 26 - Nora F. Rattigan
718 Douglas Avenue
- 6 - Virginia Izzo
121 Veazie Street
- 185 - George L. Pierce & wf Elsie R.
129 Veazie Street
- 35 - John DeAnglis & wf Rose M.
101 Veazie Street
- 505 - Anthony A. Pate & wf Rose B.
28 Hillview Drive
North Providence
- 464 - John R. Cioci
61 Forbes Street
- 504 - James Landi & wf Teresa
75 Veazie Street
- 78 - Harry Fagnoli & wf Carmela L.
74 Veazie Street
- 45 - Fairlawn Credit Union
393 Armistice Blvd.
Pawtucket, Rhode Island
- 46 - D & A Realty Company
29 Weybosset Street
- 48 - Margaret Aceto
96 Veazie Street

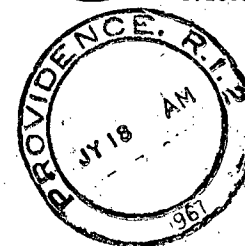
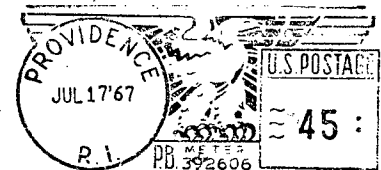
DEPARTMENT OF CITY CLERK
CITY HALL, PROVIDENCE, R. I. 02903
VINCENT VESPIA, CITY CLERK

hem 08274
RETURN RECEIPT REQUESTED

George L. Pierce & wf Elsie
129 Veazie Street
Providence, Rhode Island



REASON CHECKED
Inclosure ☐ Return ☐
Address unknown ☐
Insufficient address ☐
No such street number ☐
No such office in state ☐
Do not re-mail in this envelope ☐



CERTIFIED
No. 891032
MAIL

CERTIFIED MAIL

CITY OF PROVIDENCE
DEPARTMENT OF CITY CLERK
PUBLIC HEARING
Relative to Amendments
to the Zoning Ordinance
and Zoning Map

Notice is hereby given that a Public Hearing will be held in the City Council Chamber, City Hall, WEDNESDAY, JULY 26, 1967, at 2:00 o'clock P.M. (EDST), at which time the following Petitions in amendment to Chapter 544 of the Ordinances of the City of Providence, approved September 21, 1951, as heretofore amended, will be considered.

PETITION OF AMERICO GEMMA to change from an R-1 One Family Zone to a C-2 General Commercial Zone, Lots 73 and 74, as set out and delineated on City Assessor's Plat 114; said lots being situated along Celia Street.

PETITION OF WOLOOHOJIAN REALTY CORP. to change from an R-2 Two Family Zone to an R-4 Multiple Dwelling Zone, Lots 28 and 166, as set out and delineated on City Assessor's Plat 52; said lots being situated on the northerly side of Adelaide Avenue.

PETITION OF JOHN R. CIOCI to change from an R-3 General Residence Zone to a C-1 Limited Commercial Zone, Lots 464 and 21, as set out and delineated on City Assessor's Plat 123; said lots being situated at 680-684 Douglas Avenue.

PETITION OF GORDON SNOW to change from an R-2 Two Family Zone to an R-4 Multiple Dwelling Zone, that certain lot set out and delineated as Lot 690 on Assessor's Plat 53; said lot being situated on the northerly side of Adelaide Avenue.

PETITION OF MEDWAY REALTY, INC., to change from an R-3 General Residence Zone to a C-2 General Commercial Zone, Lots 237 to 244, inclusive, and 402 to 406, inclusive, as set out and delineated on City Assessor's Plat 15; said lots being situated along the northerly side of Pitman Street and bounded by Wayland and Bulter Avenues.

Persons interested in the above are hereby notified to be present at that time and place to be heard thereon.

Persons, other than attorneys, who represent petitioners must be authorized in writing, therefore.

The Petitions may be seen and information on file obtained relative to the above, during regular business hours, prior to said hearing at the Department of City Clerk, City Hall.

By Order of the Committee on Ordinances.

Councilman Anthony B. Sciarretta, Chairman.

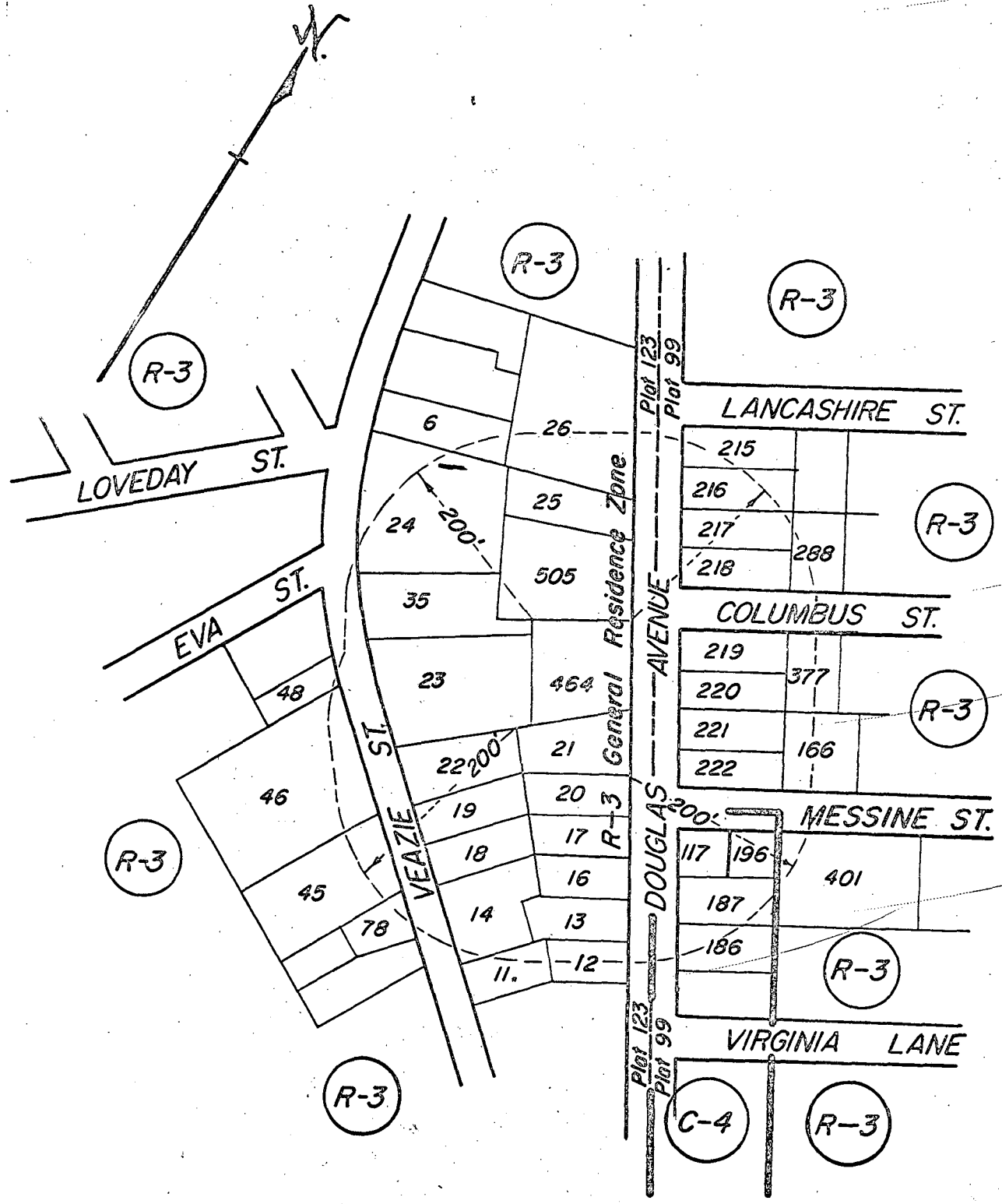
Vincent Vespia, City Clerk.

July 14, 1967.

ZONING CHANGE NO.

Shaded Area To Be Changed From An R-3
General Residence Zone To A C-1
Limited Commercial Zone

PROVIDENCE, R.I.
CITY ENGINEER'S OFFICE
Date July 25, 1967



Lot Numbers From Assessor's Plots 99 & 123

CITY OF PROVIDENCE, R.I.
Zoning Change No.
Scungio L.P.R.
1"=160'
July 25, 67
Robert B. Strong

The City of Providence

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

CHAPTER 1869

No. 514 AN ORDINANCE IN AMENDMENT OF AND IN ADDITION TO CHAPTER 1575 OF THE ORDINANCES OF THE CITY OF PROVIDENCE ENTITLED "AN ORDINANCE APPROVING AND ADOPTING THE OFFICIAL REDEVELOPMENT PLAN FOR THE WEYBOSSET HILL PROJECT NO. R. I. R-7"

Approved September 15, 1967

Be it ordained by the City of Providence:

1. That Chapter 1575 of the Ordinances of the City of Providence, entitled "An Ordinance Approving and Adopting the Official Redevelopment Plan for the Weybosset Hill Project No. R. I. R-7" as heretofore amended, be and is hereby further amended as follows:

A. The following language under the heading, Parcel No. 6, Building Controls, at page 14 of the Redevelopment Plan for the Weybosset Hill Project No. R. I. R-7, as amended, and as designated as the Official Redevelopment Plan for the Weybosset Hill Project No. R. I. R-7 and referred to in paragraph 10 of the aforementioned Chapter 1575, be and the same is hereby deleted:

"(g) Vehicle Access: No entrance or exits points permitted within 100 ft. of each of the three corners of this parcel."

2. That said Chapter 1575 of the Ordinances of the City of Providence as adopted and as heretofore amended, be and the same is hereby ratified and affirmed in all other respects.

3. That this Ordinance shall take effect on its passage and shall be filed with the City Clerk who is hereby authorized and directed to forward a certified copy thereof to the Providence Redevelopment Agency.

IN CITY COUNCIL

AUG 18 1967

First Reading Read and Passed

Referred to Committee on URBAN REDEVELOPMENT
RENEWAL & PLANNING

Vincent Vespa
Clerk

SEP 15 1967

MAYOR

IN CITY
COUNCIL

SEP 7 - 1967

FINAL READING
READ AND PASSED

Harry J. Franco
PRESIDENT
Vincent Vespa
CLERK

No.

CHAPTER

AN ORDINANCE

FILED
AUG 10 12 05 PM '67
DEPT. OF CITY CLERK
PROVIDENCE, R.I.

IN CITY COUNCIL

First Reading Read and Passed
Referred to Committee on

Clerk

THE COMMITTEE ON
URBAN REDEVELOPMENT
RENEWAL & PLANNING

Recommends

Passage for Second Time

Clerk

AUG 29 1967

Councilmen Mc Nulty and Persaturo, by request

RESOLUTION
OF THE
CITY COUNCIL

Councilman Beatini