

City of Providence
STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

RESOLUTION OF THE CITY COUNCIL

No. 146

EFFECTIVE March 31, 2014

RESOLVED, That the Tax Assessor is requested to apply the Homestead Exemption to the property located on Assessor's Plat 18, Lot 8 (555 South Main Street, Unit 323), for the year 2013.

IN CITY COUNCIL

MAR 20 2014

READ AND PASSED


PRES.


ACTING CLERK

Effective without the Mayor's Signature


Lori L. Hagen
Second Deputy City Clerk

COMMITTEE ON AVIATION & AIRPORTS
APRIL 10 2014
CITY CLERK

RECORDED
CITY CLERK

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

DATE	PLAT	LOT	UNIT	LOCATION	CERT #	PAGE
December 20, 2013	018	0008	0323	521 South Main	97,415	1

ASSESSED Suzanne L Hock
 OWNER

STATUS OF REAL ESTATE BILL AS OF DATE PRINTED

YR	TYPE	ORIGINAL TAX	CHARGE	ADJUSTMENT ABATEMENT	PAID	BALANCE DUE	INTEREST	TOTAL DUE	BILL NAME
13	RE	\$8,926.88	\$0.00	\$0.00	\$4,463.44	\$4,463.44	\$0.00	\$4,463.44	Suzanne L Hock
		<u>\$8,926.88</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$4,463.44</u>	<u>\$4,463.44</u>	<u>\$0.00</u>	<u>\$4,463.44</u>	

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

Note:

- Please be aware that unpaid taxes may be subject to tax sale.
- Please contact the Water Supply Board at 521-6300.
- Please contact the Narragansett Bay Commission at 461-8828
- Property within designated City Plat Maps known as 19, 20, 24, 25, & 26 (Downtown Providence District Management Authority) or 10,12,13 (Thayer Street District Management Authority) may be subject to an additional assessment. Please call (401) 421-4450 for payment information.

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

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

Important Notice: Upcoming tax bill will be assessed as of December 31st in seller's name. It is the responsibility of the buyer/new homeowner to request a copy of the bill from the Tax Collector's office.

MAILED TO: City Council



MARC CASTALDI
 DEPUTY TAX COLLECTOR

MARIA MANSOLILLO
 ASSISTANT COLLECTOR

City of Providence Duplicate Bill

Elizabeth M Nation
521 South Main Unit 323
Providence RI 02906

AC92227016001

ACCOUNT NO: 92227016001
LENDER:

2013 TAX DUE:	(\$398.07)
2013 INTEREST DUE:	
PRIOR YEARS TAXES DUE:	
PRIOR YEARS INTEREST DUE:	\$0.00
TOTAL AMOUNT DUE: (\$398.07)	

DESCRIPTION

REAL ESTATE

<u>YR</u>	<u>PLAT/LOT</u>	<u>PROPERTY LOC.</u>	<u>TOTAL A.</u>	<u>ORIG. DUE</u>	<u>ADJ./AB.</u>	<u>CHARGES.</u>	<u>INT.</u>	<u>REVERS.</u>	<u>REFUND</u>	<u>PAYMENTS</u>	<u>TOT. DUE</u>
2013	018-0008-0323	521 South Main	\$264,500.00	\$8,926.88	(\$2,629.79)	\$0.00	\$0.00			\$6,695.16	(\$398.07)
										Interest as of date:	\$0.00
REAL ESTATE TOTAL:				\$8,926.88	(\$2,629.79)	\$0.00	\$0.00			\$6,695.16	(\$398.07)

	<u>PRIOR YEARS</u>	<u>CURRENT YEAR</u>	<u>QTR1</u>	<u>QTR2</u>	<u>QTR3</u>	<u>QTR4</u>
REAL ESTATE TAX:		(\$398.07)	(\$398.07)			
TANGIBLE TAX:						
EXCISE TAX:						
TOTAL AMOUNT DUE :		(\$398.07)	(\$398.07)			

**CITY ASSESSOR
25 DORRANCE ST. RM. 208
PROVIDENCE, RI 02903**

YEAR OF TAX 2013

DATE 3/12/2014

PROPERTY LOCATION 521 South Main

PROPERTY OWNER Elizabeth M Nation

MAILING ADDRESS 521 South Main Unit 323
Providence RI 02906

<u>ASSESSMENT</u>	<u>PLAT/LOT</u>	<u>TAX RATE</u>	<u>TOTAL TAX</u>
\$264,500.00	018-0008-0323		\$8,926.88

<u>CORRECTED ASSESSMENT</u>	<u>PLAT/LOT</u>	<u>TAX RATE</u>	<u>TOTAL TAX</u>
	018-0008-0323		6297.09

TOTAL RESULT INCREASE/DECREASE

<u>INCREASE/DECREASE</u>	<u>PLAT/LOT</u>	<u>TAX RATE</u>	<u>TOTAL TAX</u>
			-2629.79

REASON FOR CHANGE IN VALUE

BTAR Fiscal Year (S) _____ Final Y N

Late Filing Exemption Credit (Type) _____

Homestead Exemption _____

Exemption Credit Removed (Type) _____

Other Pro-rate for 00 rate, per D.O.

The increase/decrease will be applied to your account.

Requested by _____ Approved By _____

Webserver Govern Reports Pro_assadj.rpt

Abatement / Exemption

Sub System	Year	Bill Number	Invoice No.	Cycle Code
	2013			

Date	Effective On	Amount
3/12/2014		2629.79

Class Code	From Inst. #	To Inst. #
Real Estate Tax		

Notes

Pro-rate 00 rate

Justification Code

Owner Occupied rate

Entering New Record

New	Save	Delete	G/L	A/R Inquiry	Browse	Cancel
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Reports

Declaration For
Owner-Occupied Tax Rate

APRIL 2014
2013
WITHDRAWN

Plat 18 Lot 8 Unit 323 condo
18 8 13 garage

To the Providence City Assessor.
This is my **DECLARATION FOR OWNER-OCCUPIED TAX** in the
CITY OF PROVIDENCE that I am filing this day.

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

555 S. Main St # 323
Number and Street Apt. Or Unit #
Providence Rhode Island 02903
City Zip Code

TAX ASSESSOR'S OFFICE
PROVIDENCE, RI
2013 DEC 19 P 12:08

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

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

152 Spring St
Number and Street Apt. Or Unit #
Hopkinton, MA 01748
City, State, and Zip Code

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

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

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

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

Elizabeth Nation
Signature
Elizabeth Nation
Print Name
508 308 9667
Phone Number

State of Rhode Island
City of Providence
Sworn to and subscribed before me this 19 day of December 2013 by the above named, who

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

[Signature]
Signature of Notary
Commission Expires:
CAROL J. DISMUKO
Print, Type or Stamp Commissioned Name
Commission Number: #99211 2/3/14

Owner-Occupied Tax Rate Eligibility Form

To be filed with Declaration for Owner-Occupied Tax

Name: Elizabeth Natori
Address: 555 S. Main St #323 Plat/Lot 18/8

1. Please list all motor vehicles registered at your address, including in your answer: (1) R.I. license plate number, (2) year, (3) make and (4) model:

Car No.	Lic. Plate	Year	Make	Model	Date First Registered
1	493974	2004	VW	Beetle	10/31/2013
2					
3					
4					

2. Please list all other cars that you or anyone else who in your household owns, including in your answer (1) the state of registration, (2) license plate number, (3) Year, (4) Make, (5) Car Model, and (6) whether you own or lease the vehicle:

Car No.	State	Lic. Plate	Year	Make	Model	Own/Lease	Date First Registered
1							
2							
3							
4							

4. If you kept any of the motor vehicles listed in Rhode Island for fewer than 30 days this calendar year, please list those cars here:

5. If neither you nor anyone else who resides at your address owns any motor vehicles, please indicate so by marking your initials here:

I hereby certify under oath, and subject to the pains and penalties of perjury, that all of the information described on this form is accurate after a reasonable search and to the best of my knowledge.

Signature  Date 12.19.13

State of Rhode Island
City of Providence

Sworn to and subscribed before me this _____ day of _____, _____ by the above named, who

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

Signature of Notary
Commission Expires:

Print, Type or Stamp Commissioned Name
Commission Number:



Vehicle Inspection Report

STATE OF RHODE ISLAND

MOTOR VEHICLE INSPECTION AND MAINTENANCE



SUMMARY RESULTS	OVERALL RESULT	EMISSIONS	FUNCTIONAL INSPECTION	SAFETY	STICKER NUMBER
	Pass	OBD	Pass	Pass	13328372

STATION INFORMATION				
AIRS NUMBER	INSPECTOR NAME	INSPECTOR LICENSE NUMBER	STATION NUMBER	SOFTWARE VERSION
SY020148	David Corrente	CI009408	ST000455	130501
STATION NAME				
East Side Service Center				
STATION STREET ADDRESS				
1100 HOPE STREET				
CITY	PROVIDENCE RI	ZIP CODE	02905	

VEHICLE INFORMATION									
VIN	LICENSE PLATE NUMBER	PLATE TYPE	STATE	YEAR	VEHICLE TYPE	GVWR	ENGINE SIZE	VLT ROW ID	
3VWBK31C24M418721	493974	Private Passenger	RI	2004	Passenger Car	3125	2.00	19825	
MAKE	MODEL	ODOMETER	FUEL TYPE	CYLINDERS	TRANSMISSION	DUAL EXHAUST			
VOLKSWAGEN	NEW BEETLE	109258	Gasoline	4 Cyl	Automatic	Single			

CONSUMER INFORMATION

You have completed the Rhode Island Emissions and Safety Test. The Overall Result indicates whether your vehicle has passed or failed the inspection. You have until the end of the month on your current inspection sticker to obtain repairs and a reinspection. You are entitled to one free reinspection after you have your vehicle repaired as long as you return to this station within 30 days. If you have any questions, please call (401)737-0556

EMISSIONS TEST INFORMATION (N/A)									
POLLUTANT	READING	LIMIT	AVERAGE FOR PASSING VEHICLE	PASS/FAIL STATUS	TEST DATE	11/23/2013	TEST TIME	08:16:17	
HC PPM IDLE	OBD	OBD	--	OBD	FUEL ECONOMY	N/A	TEST TYPE	Initial	
HC PPM 2500 RPM	OBD	OBD	--	OBD	AUTHORIZATION NUMBER	12405967			
CO % IDLE	OBD	OBD	--	OBD	TEST ID NUMBER	1			
CO % 2500 RPM	OBD	OBD	--	OBD	AMOUNT PAID	\$39.00			

FUNCTIONAL INSPECTION							
FUEL CAP TEST	Pass	OBD READINESS	Pass	MIL COMMANDED	Pass	OBD TEST	Pass
Dashboard Mil Light Results:				KOEO	Pass	KOER	Pass

SAFETY INSPECTION RESULTS					
Back-Up Lamps	Pass	Bail Joints	Pass	Body Items	Pass
Brake Drums and Discs(see comments)	Pass	Brake Failure Warning Lamp	Pass	Brake Lining or Pads	Pass
Brake Performance	Pass	Brake Pedal Reserve	Pass	Bumper (Rear and Protection, over 10,000 lbs)	Pass
Door (Front Latches)	Pass	Emergency Brake	Pass	Exhaust System	Pass
Fender and Flaps	Pass	Floor and Other Panels	Pass	Fuel Tank (see comments)	Pass
Glass	Pass	Hazard Switch	Pass	Headlamps	Pass
Vehicle Alterations within Regulation	Pass	Horn	Pass	Master Cylinder	Pass
Mirrors	Pass	Parking Brakes	Pass	Plates and Plate Light	Pass
Reflectors	Pass	Seat Belts	Pass	Seats	Pass
Spring, Torsion Bars, Shocks	Pass	Steering, Alignment, and Suspension (see comments)	Pass	Tires (see comments)	Pass
Transmission	Pass	Wheels	Pass	Windshield Wipers	Pass
Windshield Condition	Pass	Hydraulic System	Pass	Universal Joints	Pass
Other Lamps (see comments)	Pass	Air Bags	Pass	Other	Pass

Comments and Other Defects:

RECEIPT FOR SALES TAX REGISTRATION FEES

REG. NO. 493974
 GROSS SALE PRICE (LESS TRADE ALLOWANCE)
 DATE 10 31 2013
 * AMOUNT OF TAX %
 * INTEREST CHARGE
 * PENALTY CHARGE

TOTAL TAX DUE
 * TRANSFER FEE
 * VANITY PLATES FEE 50.00
 * TITLE FEE 6.00
 * MISCELLANEOUS FEE
 * RENEWAL FEE 30.00
 * REGISTRATION FEE 92.50

TOTAL FEES PAID 192.50

CROSSWEIGHT STATE OF RHODE ISLAND DEPARTMENT OF ADMINISTRATION DIVISION OF MOTOR VEHICLES

REGISTRATION NO.	PLATE TYPE	OWNERS DRIVER'S LIC. NO. (IF INDIVIDUAL)	REGISTRATION VALUE THROUGH LAST DAY OF
493974			

OWNER'S NAME MODEL YEAR BODY TYPE COLOR

REGISTRATION ADDRESS (IF DIFFERENT FROM ABOVE)

APPROVED
 OCT 31 2013

SERIAL # Q0825557

VALID ONLY WHEN DATED AND STAMPED WITH OFFICIAL STAMP