

THE CITY OF PROVIDENCE
STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

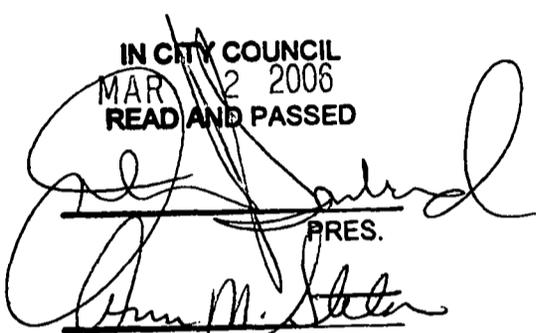
RESOLUTION OF THE CITY COUNCIL

No. 103

Approved March 6, 2006

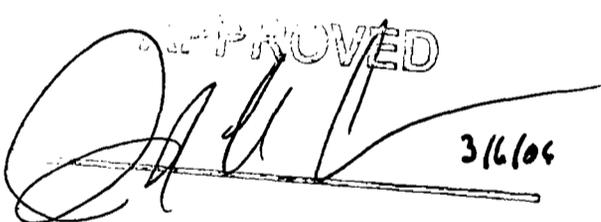
RESOLVED, That the Tax Assessor is requested to apply the Homestead Exemption to the property located at 192 Messer Street for the 2005 tax roll.

IN CITY COUNCIL
MAR 12 2006
READ AND PASSED


PRES.


CLERK

APPROVED


3/6/06

MAYOR

IN CITY COUNCIL
FEB 2 2006
FIRST READING
REFERRED TO COMMITTEE ON
FINANCE

Ann M. Stebbins

THE COMMITTEE ON
FINANCE
Approves Passage of
The Within Resolution

Ann M. Stebbins
Clerk

2-9-06

Councilman Allen, By Request

City of Providence Declaration of Homestead

2005
8

Plat 036 Lot 0311 Unit 0000

036-0311-0000

192 Messer St

02---2 -5 Family

To the Providence City Assessor.

This is my **DECLARATION OF HOMESTEAD** in the **CITY OF PROVIDENCE** that I am filing this day.



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

192 Messer St 2
Number and Street Apt. Or Unit #

Providence, Rhode Island 02909
City Zip Code

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

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

164 Hamilton St.
Number and Street Apt. Or Unit #
Prov. R.I. 02907
City, State, and Zip Code

TAX ASSESSOR'S OFFICE
PROVIDENCE, RI
2005 NOV 16 A 9:47

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

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

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

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

Candida Rodriguez
Signature
CANDIDA RODRIGUEZ
Print Name
401 293 7679
Phone Number

State of Rhode Island
City of Providence

Sworn to and subscribed before me this 16th day of November, 2005 by the above named, who

Is personally known to me or has produced the following type of ID: R.I.C.

Juan C. Funes
Signature of Notary
Commission Expires: 1/8/06

Juan C. Funes
Print, Type or Stamp Commissioned Name
Commission Number: 49212

MUNICIPAL LIEN CERTIFICATE

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

DATE	PLAT	LOT	UNIT	LOCATION	CERT #	PAGE
February 08, 2006	036	0311	0000	192 Messer St	42,677	1

ASSESSED CANDIDO RODRIGUEZ
 OWNER

STATUS OF REAL ESTATE BILL AS OF DATE PRINTED

YR	TYPE	ORIGINAL TAX	CHARGE	ADJUSTMENT ABATEMENT	PAID	BALANCE DUE	INTEREST	TOTAL DUE	BILL NAME
05	RE	\$2,408.24	\$0.00	(\$1,182.95)	\$1,949.16	(\$723.87)	\$0.00	(\$723.87)	CANDIDO RODRIGUEZ
		<u>\$2,408.24</u>	<u>\$0.00</u>	<u>(\$1,182.95)</u>	<u>\$1,949.16</u>	<u>(\$723.87)</u>	<u>\$0.00</u>	<u>(\$723.87)</u>	

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

NOTE 4: PLEASE BE AWARE THAT UNPAID TAXES MAY BE SUBJECT TO TAX SALE.

PLEASE CONTACT THE WATER SUPPLY BOARD AT 521-6300
 PLEASE CONTACT THE NARRAGANSETT BAY COMMISSION AT 461-8828

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

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

MAILED TO: City Council
 City of Providence



ROBERT P. CEPRANO
 TAX COLLECTOR

MARC CASTALDI
 DEPUTY COLLECTOR

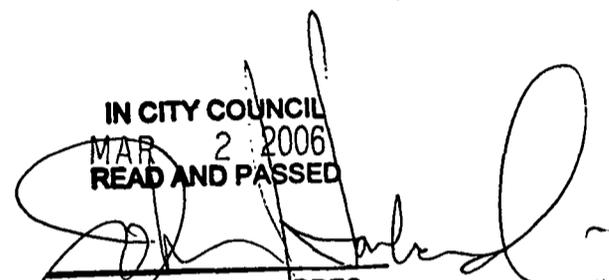
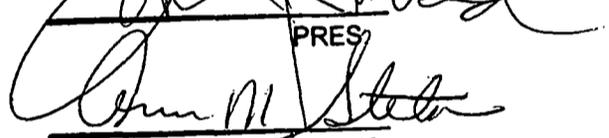
THE CITY OF PROVIDENCE
STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

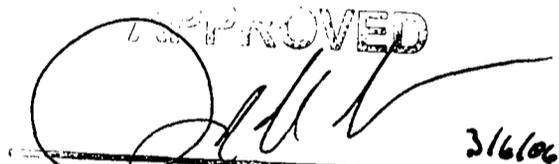
RESOLUTION OF THE CITY COUNCIL

No. 104

Approved March 6, 2006

RESOLVED, That the Tax Assessor is requested to apply the Homestead Exemption to the property located at 77 Alvin Street for the 2005 tax roll.

IN CITY COUNCIL
MAR 2 2006
READ AND PASSED

PRES

CLERK

APPROVED

3/6/06
MAYOR

IN CITY COUNCIL
FEB 2 2006
FIRST READING
REFERRED TO COMMITTEE ON
FINANCE

Ann M. Allen

THE COMMITTEE ON
FINANCE

Approves Passage of
The Within Resolution

Ann M. Allen
Clerk

2-9-06

Ann M. Allen, By Request

City of Providence
Declaration of Homestead

2005

Plat 051 Lot 0197 Unit 0000

051-0197-0000

77 Alvin St

02--2 -5 Family



To the Providence City Assessor.

This is my **DECLARATION OF HOMESTEAD** in the **CITY OF PROVIDENCE** that I am filing this day.

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

77 ALVIN ST. 2
Number and Street Apt. Or Unit #

PROVIDENCE, Rhode Island 02907
City Zip Code

8

TAX ASSESSOR'S OFFICE
PROVIDENCE, RI
2005 AUG 10 A 11: 54

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

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

SAME SAME
Number and Street Apt. Or Unit #

SAME
City, State, and Zip Code

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

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

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

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

Lilia Fovary
Signature
Lilia Tavaréz
Print Name
(401) 383 9794
Phone Number

State of Rhode Island
City of Providence

Sworn to and subscribed before me this 10th day of August, 2005 by the above named, who

Is personally known to me or has produced the following type of ID: RI license 9213542

Deborah L. Santos Hudson
Signature of Notary
Commission Expires: 12/19/06

Deborah L. Santos Hudson
Print, Type or Stamp Commissioned Name
Commission Number: 3867

MUNICIPAL LIEN CERTIFICATE

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

DATE	PLAT	LOT	UNIT	LOCATION	CERT #	PAGE
February 08, 2006	051	0197	0000	77 Alvin St	42,678	1

ASSESSED LILIA V TAVAREZ
 OWNER

STATUS OF REAL ESTATE BILL AS OF DATE PRINTED

YR	TYPE	ORIGINAL TAX	CHARGE	ADJUSTMENT ABATEMENT	PAID	BALANCE DUE	INTEREST	TOTAL DUE	BILL NAME
05	RE	\$3,585.00	\$0.00	(\$1,659.71)	\$1,938.69	(\$13.40)	\$0.00	(\$13.40)	LILIA V TAVAREZ
		<u>\$3,585.00</u>	<u>\$0.00</u>	<u>(\$1,659.71)</u>	<u>\$1,938.69</u>	<u>(\$13.40)</u>	<u>\$0.00</u>	<u>(\$13.40)</u>	

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

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

PLEASE CONTACT THE WATER SUPPLY BOARD AT 521-6300
 PLEASE CONTACT THE NARRAGANSETT BAY COMMISSION AT 461-8828

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

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

MAILED TO: City Council
 City of Providence

Robert P. Ceprano

ROBERT P. CEPRANO
 TAX COLLECTOR

MARC CASTALDI
 DEPUTY COLLECTOR

THE CITY OF PROVIDENCE
STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

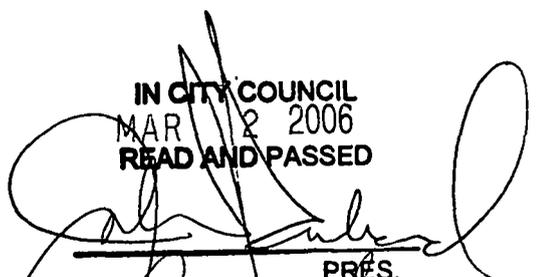
RESOLUTION OF THE CITY COUNCIL

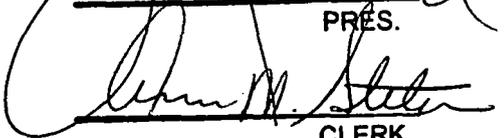
No. 105

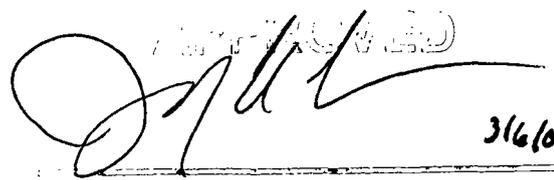
Approved March 6, 2006

RESOLVED, That the Tax Assessor is requested to apply the Homestead Exemption to the property located at 18 Claremont Avenue for the 2005 tax roll.

IN CITY COUNCIL
MAR 2 2006
READ AND PASSED


PRES.


CLERK


3/6/06

RECORDED
INDEXED

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

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

Councilman De Luca, By Request

City of Providence
Declaration of Homestead

Ward 8 2005
* Bought home
11/16/04

Plat 064 Lot 0609 Unit 0000

064-0609-0000
18 Claremont Ave
01---Single Family

To the Providence City Assessor.
This is my **DECLARATION OF HOMESTEAD** in
the **CITY OF PROVIDENCE** that I am filing this day.



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

18 Claremont Ave
Number and Street Apt. Or Unit #

PROV RI, Rhode Island 02908
City Zip Code

TAX ASSESSOR'S OFFICE
PROVIDENCE, RI
2005 AUG 19 P 11:58

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

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

18 Claremont
Number and Street Apt. Or Unit #
PROV RI
City, State, and Zip Code

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

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

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

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

Bucky Oluogun
Signature
Bucky Oluogun
Print Name
11 (401) 580 4304
Phone Number

State of Rhode Island
City of Providence
Sworn to and subscribed before me this 19th day of August, 2005 by the above named, who

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

Prina A. Coletta
Signature of Notary
Commission Expires 11-19-06
notary

Gloria A. Coletta
Print, Type or Stamp Commissioned Name
Commission Number #17522

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

DATE	PLAT	LOT	UNIT	LOCATION	CERT #	PAGE
February 08, 2006	064	0609	0000	18 Claremont Ave	42,679	1

ASSESSED BUKKY OLAKOGA
 OWNER

STATUS OF REAL ESTATE BILL AS OF DATE PRINTED

YR	TYPE	ORIGINAL TAX	CHARGE	ADJUSTMENT ABATEMENT	PAID	BALANCE DUE	INTEREST	TOTAL DUE	BILL NAME
05	RE	\$5,282.28	\$0.00	(\$1,340.28)	\$966.59	\$2,975.41	\$238.03	\$3,213.44	BUKKY OLAKOGA
		<u>\$5,282.28</u>	<u>\$0.00</u>	<u>(\$1,340.28)</u>	<u>\$966.59</u>	<u>\$2,975.41</u>	<u>\$238.03</u>	<u>\$3,213.44</u>	

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

PLEASE CONTACT THE WATER SUPPLY BOARD AT 521-6300
 PLEASE CONTACT THE NARRAGANSETT BAY COMMISSION AT 461-8828

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

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MAILED TO: City Council
 City of Providence

Robert P. Ceprano

ROBERT P. CEPRANO
 TAX COLLECTOR

MARC CASTALDI
 DEPUTY COLLECTOR