

THE CITY OF PROVIDENCE
STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

RESOLUTION OF THE CITY COUNCIL

No. 100

Approved March 6, 2006

RESOLVED, That the Tax Assessor is requested to apply the
Homestead Exemption to the property located at 68 Vernon Street for the 2005 tax
roll.

IN CITY COUNCIL

MAR 12 2006
READ AND PASSED


PRES.


CLERK

APPROVED

3/6/06


MAYOR

THE CITY OF PROVIDENCE
CITY CLERK

THE CITY OF PROVIDENCE
CITY CLERK

THE CITY OF PROVIDENCE
CITY CLERK

THE CITY OF PROVIDENCE
CITY CLERK

THE CITY OF PROVIDENCE
CITY CLERK

IN CITY COUNCIL
FEB 2 2006
FIRST READING
REFERRED TO COMMITTEE ON
FINANCE
Chris M. Stiller

THE COMMITTEE ON
FINANCE
Approves Passage of
The Within Resolution
Chris M. Stiller
2-9-06

Council President Lombardi, By Request

City of Providence
Declaration of Homestead

2005 TAX ASSESSOR'S OFFICE
PROVIDENCE, RI

2005 NOV -8 A 9:59

87
Plat 28 Lot 870 Unit _____

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:

68 Vernon St.

Number and Street

Apt. Or Unit #

Providence
City

, Rhode Island 02903

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 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").

441 Alcatraz Ave.

Number and Street

Apt. Or Unit #

Oakland, CA 94609

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 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.

Signature

Print Name

Phone Number

State of Rhode Island

City of Providence

Sworn to and subscribed before me this

8

day of

November 2005

by the above named, who

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

Signature of Notary

Commission Expires: 1/06

Print, Type or Stamp Commissioned Name

Commission Number:

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	028	0087	0000	66 Vernon St	42,688	1
ASSESSED LAUREN H DEHART OWNER				Maya A Dehart		

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	\$4,206.80	\$0.00	(\$1,067.42)	\$3,155.10	(\$15.72)	\$0.00	(\$15.72)	LAUREN H DEHART
		<u>\$4,206.80</u>	<u>\$0.00</u>	<u>(\$1,067.42)</u>	<u>\$3,155.10</u>	<u>(\$15.72)</u>	<u>\$0.00</u>	<u>(\$15.72)</u>	

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


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

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

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

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

MAILED TO: City Council
City of Providence



ROBERT P. CEPRANO
TAX COLLECTOR

MARC CASTALDI
DEPUTY COLLECTOR



THE CITY OF PROVIDENCE
STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

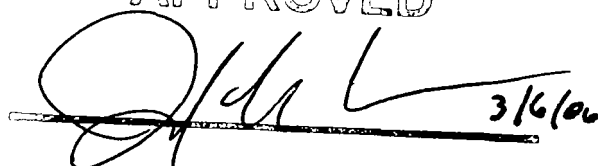
RESOLUTION OF THE CITY COUNCIL

No. 101

Approved March 6, 2006

RESOLVED, That the Tax Assessor is requested to apply the
Homestead Exemption to the property located at 50-52 Ardoene Street for the 2005
tax roll.

IN CITY COUNCIL
MAR 12 2006
READ AND PASSED

PRES.

CLERK

APPROVED

MAYOR 3/6/06

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

Ann M. Stein

THE COMMITTEE ON
FINANCE

Approves Passage of
The Within Resolution

Ann M. Stein

2-9-06

Benjamin Allen, By Request

City of Providence

Declaration of Homestead

2005

Plat 125 Lot 0084 Unit 0000

125-0084-0000

50 Ardoene 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:

50-52 Ardoene ST 1
Number and Street Apt. Or Unit #

Providence, Rhode Island 02907
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").

1431 Broad ST 2
Number and Street Apt. Or Unit #
Providence R.I. 02907
City, State, and Zip Code

TAX ASSESSOR'S OFFICE
PROVIDENCE, RI
2005 SEP 15 A 11:35

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.

Francisco A Paulino
Signature
FRANCISCO A PAULINO
Print Name
(401) 461-9596
Phone Number

State of Rhode Island

City of Providence

Sworn to and subscribed before me this 15th day of September 2005 by the above named, who

☒ is personally known to me or ☐ has produced the following type of ID: RI, I.C.

Signature of Notary

Commission Expires: 11/4/06

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	125	0084	0000	50 Ardoene St	42,689	1

ASSESSED FRANCISCO PAULINO
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	\$3,915.12	\$0.00	(\$993.40)	\$2,936.34	(\$14.62)	\$0.00	(\$14.62)	FRANCISCO PAULINO
		<u>\$3,915.12</u>	<u>\$0.00</u>	<u>(\$993.40)</u>	<u>\$2,936.34</u>	<u>(\$14.62)</u>	<u>\$0.00</u>	<u>(\$14.62)</u>	

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

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

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

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

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

MAILED TO: City Council
City of Providence



ROBERT P. CEPRANO
TAX COLLECTOR

MARC CASTALDI
DEPUTY COLLECTOR

THE CITY OF PROVIDENCE
STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

RESOLUTION OF THE CITY COUNCIL

No. 102

Approved March 6, 2006

RESOLVED, That the Tax Assessor is requested to apply the
Homestead Exemption to the property located at 37 Rounds Street for the 2005 tax
roll.

IN CITY COUNCIL
MAR 12 2006
READ AND PASSED

PRES.

CLERK

UPON RECEIPT
BY THE CITY CLERK
OF THE CITY OF PROVIDENCE
MARCH 12 2006

APPROVED

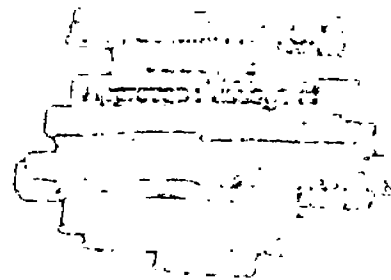
3/6/06

MAYOR

READ AND PASSED

CITY

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



THE COMMITTEE ON
FINANCE
Approves Passage of
The Within Recogition

Ann M. Steh
2-9-06 Clerk

Councilman Allen, By Request

City of Providence Declaration of Homestead

2005

Plat 061 Lot 0105 Unit 0000

061-0105-0000

37 Rounds 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:

37 Rounds Ave

Number and Street

Apt. Or Unit #

Providence

City

, Rhode Island 02907

Zip Code

8

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

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

Number and Street

Apt. Or Unit #

City, State, and Zip Code

TAX ASSESSOR'S OFFICE
PROVIDENCE, RI
2005 SEP 12 P 12:37

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.

William Jennings

William I Jennings

Signature

Print Name

467-3431

Phone Number

State of Rhode Island

City of Providence

Sworn to and subscribed before me this 12th day of September, 2005 by the above named, who

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

Signature of Notary

Commission Expires: 11/8/06

Juan C. Funes

Print, Type or Stamp Commissioned Name

Commission Number: 49012

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	061	0105	0000	37 Rounds Ave	42,676	1
ASSESSED WILLIAM I JENNINGS				Rosemarie O'Connor		
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	\$2,472.72	\$0.00	(\$1,206.09)	\$1,854.54	(\$587.91)	\$0.00	(\$587.91)	WILLIAM I JENNIN
		<u>\$2,472.72</u>	<u>\$0.00</u>	<u>(\$1,206.09)</u>	<u>\$1,854.54</u>	<u>(\$587.91)</u>	<u>\$0.00</u>	<u>(\$587.91)</u>	

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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
TAX COLLECTOR

MARC CASTALDI
DEPUTY COLLECTOR