Zoning Change #212

# The City of Providence

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

## CHAPTER 1877

No. 558 **AN ORDINANCE** AMENDING CHAPTER 544 OF 1951, BY CHANGING 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.

EFFECTIVE ~~XXXXXXXXX~~ October 13, 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-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, bounded and described as follows:

Beginning at a point on the northerly line of Adelaide Avenue at the southwesterly corner of Lot 690 on City Assessor's Plat 53; thence northerly along the easterly line of Lot 1 to the northwesterly corner of Lot 690; thence easterly along the southerly lines of Lots 150 and 180 to the northeasterly corner of Lot 690; thence southerly along the westerly line of Lot 409 to the northerly line of Adelaide Avenue at the southeasterly corner of Lot 690; thence westerly along the northerly line of Adelaide Avenue to the southwesterly corner of Lot 690 and the point and place of beginning.

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

IN CITY COUNCIL
SEP 21 1967
FIRST READING
READ AND PASSED
Vincent Vespia
CLERK

IN CITY COUNCIL
OCT 5 - 1967
FINAL READING
READ AND PASSED
Russell A. Boyle
PRESIDENT
Vincent Vespia
CLERK

EFFECTIVE WITHOUT MAYOR'S APPROVAL
October 13, 1967

Vincent Vespia
Vincent Vespia, City Clerk

No.

CHAPTER

AN ORDINANCE

CH

THE COMMITTEE ON
ORDINANCES

Approves Passage of
The Within Ordinance

Vincent Cerafesa
Chairman

9-6-67 Clerk

**CITY OF PROVIDENCE**
STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

# 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 an R-2 two-family zone to a R-4 multiple dwelling zone that certain lot set out and delineated as lot ~~53~~ 640 on the Plats of Assessors of Taxes on Plat ~~650~~ 33. Said lot being situated on the northerly side of Adelaide Avenue.

Respectfully Submitted,

Gordon Snow

Gordon Snow

DEPARTMENT OF CITY CLERK
RECEIVED
MAR 3 1967
PROVIDENCE, R. I.
Vincent Vespia
CITY CLERK OF PROVIDENCE
pd. by Ck. # 2733
amt. $25.00

FILED

MAR 3 2 17 PM '67

DEPT. OF CITY CLERK
PROVIDENCE, R.I.

IN CITY COUNCIL

MAR 16 1967

FIRST READING
REFERRED TO COMMITTEE ON
ORDINANCES
Vincent Vespia, CLERK

THE COMMITTEE ON
ORDINANCES
Recommends
Continued 4/14/67
D. K. McDermott, Clerk

THE COMMITTEE ON
Ordinance
Recommends
Be Continued
Vincent Vespia, Clerk
6-7-67

Councilmen Golden and Olcott, by request

CITY OF PROVIDENCE

# Department of City Clerk

## MEMORANDUM

Providence, R. I. March 21, 1967

TO: Director of Department of Planning and Urban Development Pallozzi

SUBJECT: Petition change of zoning Adelaide Avenue

CONSIDERED BY: Committee on Ordinances

DISPOSITION: Attached is copy of said petition for study and report.

Vincent Cespiri
City Clerk

No. 891139

**RECEIPT FOR CERTIFIED MAIL—30¢**

SENT TO
Robert Boyer + wife Norma

STREET AND NO.
29 Atlantic Avenue

P. O., STATE, AND ZIP CODE
Providence, R. I.

POSTMARK OR DATE

EXTRA SERVICES FOR ADDITIONAL FEES

Return Receipt

*Shows to whom and date delivered* ☐ *10¢ fee*

*Shows to whom, date, and where delivered* ☐ *35¢ fee*

*Deliver to Addressee Only* ☐ *50¢ fee*

POD Form 3800
Mar. 1966

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

*(See other side)*

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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.

☆ GPO : 1966—O-206-525

No. 891138

**RECEIPT FOR CERTIFIED MAIL—30¢**

SENT TO
Joseph Parfanchuck & Elizabeth

STREET AND NO.
31 Atlantic Avenue

P. O., STATE, AND ZIP CODE
Providence, R.I.

POSTMARK OR DATE

EXTRA SERVICES FOR ADDITIONAL FEES

Return Receipt
*Shows to whom and date delivered* ☐ *10¢ fee*
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☆ GPO : 1966—O-206-525

No. 891137

## RECEIPT FOR CERTIFIED MAIL—30¢

SENT TO
Kathleen Breen

STREET AND NO.
234 Comp Street

P. O., STATE, AND ZIP CODE
Providence, R. I.

POSTMARK OR DATE

EXTRA SERVICES FOR ADDITIONAL FEES

Return Receipt

| Shows to whom and date delivered | Shows to whom, date, and where delivered | Deliver to Addressee Only |
|---|---|---|
| ☐ 10¢ fee | ☐ 35¢ fee | ☐ 50¢ fee |

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

☆ GPO : 1966—O-206-525

No. 891128

**RECEIPT FOR CERTIFIED MAIL—30¢**

SENT TO
Elmcrest Realty Co.

STREET AND NO.
1618 Warwick Avenue

P. O., STATE, AND ZIP CODE
Warwick, R. I.

POSTMARK OR DATE

EXTRA SERVICES FOR ADDITIONAL FEES

Return Receipt

| Shows to whom and date delivered | Shows to whom, date, and where delivered | Deliver to Addressee Only |
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No. 891135

## RECEIPT FOR CERTIFIED MAIL—30¢

SENT TO
Howard F. Brennon & Fences

STREET AND NO.
138 Reynolds Avenue

P. O., STATE, AND ZIP CODE
Providence, R. I.

POSTMARK OR DATE

EXTRA SERVICES FOR ADDITIONAL FEES

Return Receipt

| Shows to whom and date delivered | Shows to whom, date, and where delivered | Deliver to Addressee Only |
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No. 891134

**RECEIPT FOR CERTIFIED MAIL—30¢**

SENT TO
Anthony Monacelli & Eleanor

STREET AND NO.
150 Atomwood Street

P. O., STATE, AND ZIP CODE
Pawt., R. I.

POSTMARK OR DATE

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Return Receipt

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☆ GRO : 1966—O-206-525

No. 891133

## RECEIPT FOR CERTIFIED MAIL—30¢

SENT TO
Rita Blair

STREET AND NO.
47 Atlantic Avenue

P. O., STATE, AND ZIP CODE
Providence, R.I.

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☆ GPO : 1966—O-206-525

No. 891132

**RECEIPT FOR CERTIFIED MAIL—30¢**

SENT TO
Joan Farner

STREET AND NO.
51 Atlantic Avenue

P. O., STATE, AND ZIP CODE
Riverlence, R. I.

POSTMARK OR DATE

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*Shows to whom, date, and where delivered* ☐ *35¢ fee*

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No. 891131

**RECEIPT FOR CERTIFIED MAIL—30¢**

SENT TO
William Farmer, Jr. & Helen

STREET AND NO.
55 Atlantic Avenue

P. O., STATE, AND ZIP CODE
Providence, R. I.

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No. 891130

**RECEIPT FOR CERTIFIED MAIL—30¢**

SENT TO
Peter P. Patrick & Eileen

STREET AND NO.
128 Carr Street

P. O., STATE, AND ZIP CODE
Providence, R. I.

POSTMARK FOR DATE

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Mar. 1966

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No. 891136

## RECEIPT FOR CERTIFIED MAIL—30¢

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Elmcrest Realty Co.

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1068 Warwick Ave.

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Warwick, R.I.

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No. 891123

## RECEIPT FOR CERTIFIED MAIL—30¢

SENT TO
Robert Sheldon & Louis

STREET AND NO.
65 Hood Street

P. O., STATE, AND ZIP CODE
Cranston, R.I.

POSTMARK OR DATE

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No. 891129

**RECEIPT FOR CERTIFIED MAIL—30¢**

SENT TO
Arthur H. Wilson & Amy

STREET AND NO.
52 Atlantic Avenue

P. O., STATE, AND ZIP CODE
Providence, R. I.

EXTRA SERVICES FOR ADDITIONAL FEES

Return Receipt

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No. 891127

**RECEIPT FOR CERTIFIED MAIL—30¢**

SENT TO
Edward Rodgers Et Al

STREET AND NO.
40 Atlantic Avenue

P. O., STATE, AND ZIP CODE
Providence, R.I.

POSTMARK OR DATE

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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

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.

☆ GPO : 1966—O-206-525

No. 891126

**RECEIPT FOR CERTIFIED MAIL—30¢**

SENT TO
Contact Realty Co.

STREET AND NO.
137 Lyndon Road

P. O., STATE, AND ZIP CODE
Cranston, R.I.

EXTRA SERVICES FOR ADDITIONAL FEES

Return Receipt

*Shows to whom and date delivered* ☐ *10¢ fee*

*Shows to whom, date, and where delivered* ☐ *35¢ fee*

*Deliver to Addressee Only* ☐ *50¢ fee*

POSTMARK OR DATE

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 | OPTIONAL SERVICES |
|---|---|
| Certified fee—30¢ | Return receipt (10¢ or 35¢) |
| Postage (first-class or airmail) | 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.

☆ GPO : 1966—O-206-525

No. 891125

**RECEIPT FOR CERTIFIED MAIL—30¢**

SENT TO
Margaret Dorley

STREET AND NO.
32 Atlantic Avenue

P. O., STATE, AND ZIP CODE
Providence, R.I.

POSTMARK OR DATE

EXTRA SERVICES FOR ADDITIONAL FEES

Return Receipt

*Shows to whom and date delivered* ☐ *10¢ fee*

*Shows to whom, date, and where delivered* ☐ *35¢ fee*

*Deliver to Addressee Only* ☐ *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.

☆ GPO : 1966—O-206-525

No. 891160

**RECEIPT FOR CERTIFIED MAIL—30¢**

SENT TO
Edward Calbini & Gertrude

STREET AND NO.
28 Atlantic Avenue

P. O., STATE, AND ZIP CODE
Providence, R.I.

POSTMARK OR DATE

EXTRA SERVICES FOR ADDITIONAL FEES

**Return Receipt**

*Shows to whom and date delivered* ☐ *10¢ fee*

*Shows to whom, date, and where delivered* ☐ *35¢ fee*

*Deliver to Addressee Only* ☐ *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.

☆ GPO : 1966—O-206-525

No. 891159

**RECEIPT FOR CERTIFIED MAIL—30¢**

SENT TO
James J. Devlin & Martha

STREET AND NO.
24 Atlantic Avenue

P. O., STATE, AND ZIP CODE
Providence, R. I.

POSTMARK OR DATE

EXTRA SERVICES FOR ADDITIONAL FEES

**Return Receipt**

*Shows to whom and date delivered* ☐ *10¢ fee*

*Shows to whom, date, and where delivered* ☐ *35¢ fee*

*Deliver to Addressee Only* ☐ *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 | OPTIONAL SERVICES |
|---|---|
| Certified fee—30¢ | Return receipt (10¢ or 35¢) |
| Postage (first-class or airmail) | 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.

☆ GPO : 1966—O-206-525

No. 891158

## RECEIPT FOR CERTIFIED MAIL—30¢

SENT TO
P. F. D. Realty Co.

STREET AND NO.
19 Echo Drive

P. O., STATE, AND ZIP CODE
Providence, R. I.

POSTMARK OR DATE

EXTRA SERVICES FOR ADDITIONAL FEES

**Return Receipt**

*Shows to whom and date delivered* ☐ *10¢ fee*

*Shows to whom, date, and where delivered* ☐ *35¢ fee*

*Deliver to Addressee Only* ☐ *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)*
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.

☆ GPO : 1966—O-206-525

No. 891157

**RECEIPT FOR CERTIFIED MAIL—30¢**

SENT TO
Leo Albanese

STREET AND NO.
42 Adelaide Avenue

P. O., STATE, AND ZIP CODE
Providence, R.I.

POSTMARK OR DATE

EXTRA SERVICES FOR ADDITIONAL FEES

Return Receipt

*Shows to whom and date delivered* ☐ *10¢ fee*

*Shows to whom, date, and where delivered* ☐ *35¢ fee*

*Deliver to Addressee Only* ☐ *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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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.

☆ GPO : 1966—O-206-525

## 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.

CERTIFIED NO. 891136

INSURED NO.

DATE DELIVERED JUL 20 1967

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

1 Elmcrest Realty

SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

2 Cecelia D. Landy

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

PROVIDENCE R.I. WILLOWOOD STA. JUL 20 1967

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 CLE
DEPARTMENT OF CITY CLERK

POST OFFICE, STATE, AND ZIP CODE

CITY HALL
PROVIDENCE, R.I. 02903

P.O.D. Form 3811 June 1966

o55—16—71548-9

## 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.***

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

2 SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

89123

INSURED NO.

DELIVER

7/19/67

SHOW WHERE DELIVERED (*only if requested*)

o55—16—71548-9 GPO

**POST OFFICE DEPARTMENT**
OFFICIAL BUSINESS

PENALTY FOR PRIVATE USE TO AVOID
POSTAGE, $300

POSTMARK OF
DELIVERING OFFICE

GROTON CITY, RI
JUL 19
1967

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

VINCENT VESPIA, CITY CLERK

STREET AND NO. OR P.O. BOX

DEPARTMENT OF CITY CLERK
CITY HALL

POST OFFICE, STATE, AND ZIP CODE

PROVIDENCE, R.I. 02903

POD Form 3811 June 1966 c55—16—71548-9

## 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.

CERTIFIED NO. 891129

INSURED NO.

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

1 ARTHUR H. WILSON & WF AMY

2 SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

DATE DELIVERED

SHOW WHERE DELIVERED (*only if requested*)

c55—16—71548-9 GPO

UNCLAIMED

**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 o55—16—71548-9

## 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.

CERTIFIED NO. 891127

INSURED NO.

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

(2) SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

DATE DELIVERED 7-27-67

SHOW WHERE DELIVERED (*only if requested*)

o55—16—71548-9 GPO

**POST OFFICE DEPARTMENT**
OFFICIAL BUSINESS

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

POSTMASTER OF DELIVERING OFFICE

PROVIDENCE, R.I. 02900 STA. JUL 27 1967

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~~

POST OFFICE, STATE, AND ZIP CODE

PROVIDENCE, R.I. 02903

c55—16—71648-9

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. 891126 | 1 Kathy Kaysee |
| INSURED NO. | 2 SIGNATURE OF ADDRESSEE'S AGENT, IF ANY |
| DATE DELIVERED 7/19/67 | SHOW WHERE DELIVERED (*only if requested*) |

c55—16—71548-9 GPO

POST OFFICE DEPARTMENT
OFFICIAL BUSINESS

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

POSTMARK OF
DELIVERING OFFICE

PROVIDENCE, R.I.
JUL 19 1967
RETURN TO
RAILROAD STA.

INSTRUCTIONS: Sh[illegible] and address below and [illegible] complete instructions [illegible] side, where applicable. Moisten gummed [illegible] attach and hold firmly to back of article. [illegible] on front of article *RETURN RECEIPT REQUESTE[illegible]*

NAME OF SENDER

From

STREET AND NO. OR P.O. BOX

VINCENT VESPIA, CITY CLER
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**

☐ 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.

CERTIFIED NO. 891125

INSURED NO.

DATE DELIVERED

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

1 Margaret Dooley

SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

2

SHOW WHERE DELIVERED (*only if requested*)

U.S.P.O. JUL 20 1967 ELMWOOD ST. PROVIDENCE R.I.

c55—16—71548-9 GPO

POST OFFICE DEPARTMENT
OFFICIAL BUSINESS

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

PROVIDENCE JUL 20 P.M. 1967 R.I.

ELMWOOD STA. PROVIDENCE R.I. JUL 20 1967

CAIN, LEWIS
NAVY SEABEES
25TH ANNIVERSARY

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~~

POST OFFICE, STATE, AND ZIP CODE

PROVIDENCE, R.I. 02903

POD Form 3811 June 1966

e55—16—71548-9

## 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. 891160 | 1 Mr Ed Collins |
| INSURED NO. | 2 SIGNATURE OF ADDRESSEE'S AGENT, IF ANY |
| DATE DELIVERED | SHOW WHERE DELIVERED (*only if requested*) |

o55—16—71548-9 GPO

**POST OFFICE DEPARTMENT**
OFFICIAL BUSINESS

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

POSTMARK OR DELIVERING OFFICE

JUL 19 1967

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

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

STREET AND NO. OR P.O. BOX

POST OFFICE, STATE, AND ZIP CODE

POD Form 3811 June 1966

c55—76—71548-9

## 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. 891159 | 1 [illegible] |
| INSURED NO. | 2 SIGNATURE OF ADDRESSEE'S AGENT, IF ANY |
| DATE DELIVERED | SHOW WHERE DELIVERED (*only if requested*) |

c55—16—71548-9 GPO

**POST OFFICE DEPARTMENT**
OFFICIAL BUSINESS

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

POSTMARK OF DELIVERING OFFICE

JUL 19 1967

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~~

POST OFFICE, STATE, AND ZIP CODE

PROVIDENCE, R.I. 02903

POD Form 3811 June 1966 c55—16—71548-9

## 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. 891157 | 1 Leo Albanese |
| INSURED NO. | 2 SIGNATURE OF ADDRESSEE'S AGENT, IF ANY<br>42 Adlaide Avenue |
| DATE DELIVERED | SHOW WHERE DELIVERED (*only if requested*) |

**RETURNED ADDRESS UNKNOWN**

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.D. BOX

VINCENT VESPIA, CITY CI
DEPARTMENT OF CITY CLER
CITY HALL

POST OFFICE, STATE, AND ZIP CODE

PROVIDENCE, R.I. 02903

POD Form 3811 June 1966 c55—16—71548-9

## 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.

CERTIFIED NO. 591139

INSURED NO.

DATE DELIVERED JUL 28 1967

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

1 Robert Boyce

SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

2 Joseph C. Bellli

SHOW WHERE DELIVERED (*only if requested*)

PROVIDENCE, R.I.

c55—16—71548-9 GPO

**POST OFFICE DEPARTMENT**
**OFFICIAL BUSINESS**

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

POSTMARK OF DELIVERING OFFICE

PROVIDENCE R.I. WILLOWOOD STA. JUL 22 1967

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

ZIP CODE

STREET AND NO. OR P.O. BOX

FOR USE WHEN MAILING

POST OFFICE, STATE, AND ZIP CODE

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

POD Form 3811 June 1966

055—16—71548-9

## 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.

CERTIFIED NO. 641138

INSURED NO.

DATE DELIVERED

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

1 Joseph Kaufmann Church

2 SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

SHOW WHERE DELIVERED (*only if requested*)

ELMWOOD STA. PROVIDENCE, R.I. JUL 20 1967

c55—16—71548-9 CPO

**POST OFFICE DEPARTMENT**
**OFFICIAL BUSINESS**

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

PROVIDENCE JUL 29 P M 1967 R.I.

POSTMARK OF DELIVERING OFFICE

CA
NAVY SEABEES
25TH
PROVIDENCE R.I. JUL 29 1967 ELMWOOD

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 CI
DEPARTMENT OF CITY CLER
CITY HALL

POST OFFICE, STATE, AND ZIP CODE

PROVIDENCE, R.I. 02903

POD Form 3811 June 1966

055—18—71548—9

## 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.

CERTIFIED NO. 891137

INSURED NO.

DATE DELIVERED

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

1

2

SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

Sister Evangeline Marie

SHOW WHERE DELIVERED (*only if requested*)

o55—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 CLE
DEPARTMENT OF CITY CLERK
CITY HALL

POST OFFICE, STATE, AND ZIP CODE

PROVIDENCE, R.I. 02903

**POD Form 3811** June 1966

65—16—71548-9

## 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.

CERTIFIED NO. 891128

INSURED NO.

DATE DELIVERED JUL 20 1967

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

Emerest Realty

(2) SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

Cecelia W. Landy

SHOW WHERE DELIVERED (*only if requested*)

c55—16—71548-9 GPO

**POST OFFICE DEPARTMENT**
**OFFICIAL BUSINESS**

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

POSTMARK OF DELIVERING OFFICE

PROVIDENCE R.I.
JUL 20 1967

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**

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VINCENT VESPIA, CITY CLERK
DEPARTMENT OF CITY CLERK
CITY HALL

POST OFFICE, STATE, AND ZIP CODE

PROVIDENCE, R.I. 02903

POD Form 3811 June 1966 055—10—71548—9

## 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.

CERTIFIED NO. 691135

INSURED NO.

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

1 HOWARD F. BRENNAN

2 SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

DATE DELIVERED

SHOW WHERE DELIVERED (*only if requested*)

c55—16—71548-9 GPO

UNCLAIMED

**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**

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From VINCENT VESPIA, CITY CLERK

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CITY HALL

POST OFFICE, STATE, AND ZIP CODE

PROVIDENCE, R.I. 02903

PROVIDENCE 1967

POD Form 3811 June 1966

c55—16—71548-9

## 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.

CERTIFIED NO. 841134

INSURED NO.

DATE DELIVERED

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

1 Anthony Monacelli & wf

SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

2 150 Stanwood Avenue

SHOW WHERE DELIVERED (*only if requested*)

c55—16—71548-9 GPO

**RETURNED - MOVED**

**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

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DEPARTMENT OF CITY CLERK
~~CITY HALL~~

POST OFFICE, STATE, AND ZIP CODE

PROVIDENCE, R.I. 02903

**POD Form 3811** June 1966

055—10—71548—9

## INSTRUCTIONS TO DELIVERING EMPLOYEE

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*(Additional charges required for these services)*

## RECEIPT

***Received the numbered article described below.***

REGISTERED NO.

CERTIFIED NO. 891133

INSURED NO.

DATE DELIVERED

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

1 Rea M Blair

2 SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

SHOW WHERE DELIVERED (*only if requested*)

"CAN DO!" NAVY SEABEES 25TH ANNIVERSARY

PROVIDENCE R.I. JUL 19 1967 P M

c55—16—71548-9 GPO

**POST OFFICE DEPARTMENT**
OFFICIAL BUSINESS

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

POSTMARK OF DELIVERING OFFICE

JUL 19 1971

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.*

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POST OFFICE, STATE, AND ZIP CODE

CITY HALL
PROVIDENCE, R.I. 02903

POD Form 3811 June 1966

655—10—71548-9

## 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.

CERTIFIED NO. 891132

INSURED NO.

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

Gladys Joan Farmer

2 SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

DATE DELIVERED JUL 19 1967

SHOW WHERE DELIVERED (*only if requested*)

c55—16—71548-9 GPO

POST OFFICE DEPARTMENT
OFFICIAL BUSINESS

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

POSTMARK OF DELIVERING OFFICE

JUL

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.*

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CITY HALL

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PROVIDENCE, R.I. 02903

POD Form 3811 June 1966

o65—16—71548-9

## INSTRUCTIONS TO DELIVERING EMPLOYEE

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*(Additional charges required for these services)*

## RECEIPT

***Received the numbered article described below.***

REGISTERED NO.

CERTIFIED NO.

INSURED NO.

DATE DELIVERED

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

William Lawrence

2 SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

SHOW WHERE DELIVERED (*only if requested*)

PROVIDENCE R.I. JUL 30 1961

ALWAYS USE ZIP CODE

PROVIDENCE R.I. JUL 20 1961 P.M.

55—16—71548-9 GPO

**POST OFFICE DEPARTMENT**
OFFICIAL BUSINESS

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

POSTMARK OF DELIVERING OFFICE

PROVIDENCE, R.I.
JUL 20 1967
ELMWOOD STA.

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CITY HALL

POST OFFICE, STATE, AND ZIP CODE PROVIDENCE, R.I. 02903

POD Form 3811 June 1966

65—16—71548-9

## INSTRUCTIONS TO DELIVERING EMPLOYEE

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(*Additional charges required for these services*)

## RECEIPT

*eived the numbered article described below.*

REGIS

CERTIFIED N

891130

INSURED NO.

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

Peter Patrick

2 SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

DATE DELIVERED

JUL 20 1967

SHOW WHERE DELIVERED (*only if requested*)

c55—16—71548-9 GPO

POST OFFICE DEPARTMENT
OFFICIAL BUSINESS

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

POSTMARK OF
DELIVERING OFFICE

JUL 20 1967
WOODSIDE STA
PROVIDENCE, R.I.

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RETURN TO

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From

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DEPARTMENT OF CITY CLERK

POST OFFICE, STATE, AND ZIP CODE

CITY HALL
PROVIDENCE, R.I. 02903

POD Form 3811 June 1966

655—18—71548-0

## INSTRUCTIONS TO DELIVERING EMPLOYEE

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*(Additional charges required for these services)*

## RECEIPT

***Received the numbered article described below.***

REGISTERED NO.

TIFIED NO. 891156

URED NO.

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

1 Freddie Snow

2 SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

DATE DELIVERED 7/20/67

SHOW WHERE DELIVERED (*only if requested*)

o55—16—71548-9 GPO

**POST OFFICE DEPARTMENT**
OFFICIAL BUSINESS

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

POSTMARK OF DELIVERING OFFICE

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VINCENT VESPIA, CITY CLE
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CITY HALL

POST OFFICE, STATE, AND ZIP CODE

PROVIDENCE, R.I. 02903

POD Form 3811 June 1966

c55—16—71548—9

**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**

*...mbered article described below.*

REGISTERED NO. ...NATURE OR NAME OF ADDRESSEE (*Must always be filled in*)

Charles W Yates Jr

INSURED NO. 89124

SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

Mrs Jane M Yates

DATE DELIVERED 7/18/67

SHOW WHERE DELIVERED (*only if requested*)

c55—16—71548-9 GPO

POST OFFICE DEPARTMENT
OFFICIAL BUSINESS

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

POSTMARK OF
DELIVERING OFFICE

JUL 19 11 PM 1967 R.I.

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~~CITY HALL~~

POST OFFICE, STATE, AND ZIP CODE

PROVIDENCE R.I. 02903

POD Form 3811 June 1966

c55—16—71548-9

## INSTRUCTIONS TO DELIVERING EMPLOYEE

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*(Additional charges required for these services)*

## RECEIPT

***Received the numbered article described below.***

REGISTERED NO.

CERT O. 891122

INSURED NO.

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

(2) SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

DATE DELIVERED 7-19-67

SHOW WHERE DELIVERED (*only if requested*)

c55—16—71548-9 GPO

**POST OFFICE DEPARTMENT**
OFFICIAL BUSINESS

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

POSTMASTER OF DELIVERING OFFICE

JUL 19 1967

PROVIDENCE, R.I.

RETURN

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CITY HALL
PROVIDENCE R.I. 02903

POD Form 3811 June 1966

655—16—71548-0

**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.

CERTIFIED NO. 891121

INSURED NO.

DATE DELIVERED 7/19/67

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

J. S. Realty

(2) SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

Anthony J. Scungio

SHOW WHERE DELIVERED (*only if requested*)

e55—16—71548-9 GPO

**POST OFFICE DEPARTMENT**
OFFICIAL BUSINESS

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

POSTMARK OF DELIVERING OFFICE

GREEN JUL 19 1967

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RETURN TO

NAME OF SENDER

STREET AND NO. OR P.O. BOX
City Clerk

POST OFFICE, STATE, AND ZIP CODE
Phx. RI

POD Form 3811 June 1966

c55—16—71548-9

## INSTRUCTIONS TO DELIVERING EMPLOYEE

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*(Additional charges required for these services)*

## RECEIPT

***Received the numbered article described below.***

REGISTERED NO.

CERTIFIED NO. 891120

INSURED NO.

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

1 E. LaFrance

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

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.*

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DEPARTMENT OF CITY CLERK

POST OFFICE, STATE, AND ZIP CODE

CITY HALL
PROVIDENCE, R.I. 02903

POD Form 3811 June 1966

o55—16—71548-9

## INSTRUCTIONS TO DELIVERING EMPLOYEE

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*(Additional charges required for these services)*

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| | |
|---|---|
| REGISTERED NO. | SIGNATURE OR NAME OF ADDRESSEE (*Must always be filled in*) |
| CERTIFIED NO. 89119 | ① [illegible] |
| INSURED NO. | ② SIGNATURE OF ADDRESSEE'S AGENT, IF ANY Mary Wagner |
| DATE DELIVERED | SHOW WHERE DELIVERED (*only if requested*) |

c55—16—71548-9 GPO

**POST OFFICE DEPARTMENT**
OFFICIAL BUSINESS

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

POSTMARK OF DELIVERING OFFICE

PROVIDENCE R.I.
JUL 19 1967

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RETURN TO

NAME OF SENDER

25TH ANNIVERSARY
MAYOR'S ABBESS

From

STREET AND NO. OR P.O. BOX

POST OFFICE, STATE, AND ZIP CODE

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

R.I.

POD Form 3811 June 1966

e55—16—71548-9

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## RECEIPT

***Received the numbered article described below.***

REGISTERED NO.

CERTIFIED NO. 89118

INSURED NO.

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

(2) SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

DATE DELIVERED

SHOW WHERE DELIVERED (*only if requested*)

c55—16—71548-9 GPO

**POST OFFICE DEPARTMENT**
OFFICIAL BUSINESS

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

POSTMARK OR DELIVERING OFFICE

PROVIDENCE R.I. 02903 JUL 19 1967

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RETURN TO

NAME OF SENDER

From

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~~VINCENT VESPIA, CITY CLER~~
DEPARTMENT OF CITY CLERK
~~CITY HALL~~

POST OFFICE, STATE, AND ZIP CODE

PROVIDENCE, R.I. 02903

POD Form 3811 June 1966 055-10-71648-0

## INSTRUCTIONS TO DELIVERING EMPLOYEE

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*(Additional charges required for these services)*

## RECEIPT

***Received the numbered article described below.***

REGISTERED NO.

CERTIFIED NO. 891046

INSURED NO.

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

1 A. Pronti

2 SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

DATE DELIVERED 7-20-67

SHOW WHERE DELIVERED *(only if requested)*

c55—16—71548-9 GPO

**POST OFFICE DEPARTMENT**
OFFICIAL BUSINESS

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

POSTMARK OF DELIVERING OFFICE

PROVIDENCE, R.I. ELMWOOD STA.
JUL 20 1967
RETURN TO USPO

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

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VINCENT VESPIA, CITY CLERK
DEPARTMENT OF CITY CLERK
CITY HALL

POST OFFICE, STATE, AND ZIP CODE

PROVIDENCE, R.I. 02903

c55—10—71548-0

June 1966

## INSTRUCTIONS TO DELIVERING EMPLOYEE

☐ Show to whom and date delivered ☐ Show to whom, date, and address where delivered ☐ Deliver ONLY to addressee

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## RECEIPT

***Received the numbered article described below.***

REGISTERED NO.

CERTIFIED NO. 891647

INSURED NO.

DATE DELIVERED 7/20/67

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

The Ellsworth Corp.

(2) SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

Herbert Hollingsworth

SHOW WHERE DELIVERED (*only if requested*)

891647

o55—16—71548-9 GPO

**POST OFFICE DEPARTMENT**
OFFICIAL BUSINESS

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

POSTMARK OF DELIVERING OFFICE

PROVIDENCE, R. I.
JUL 25 1967
ELMWOOD STA.

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**

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DEPARTMENT OF CITY CLERK

POST OFFICE, STATE, AND ZIP CODE

CITY HALL
PROVIDENCE, R.I. 02903

POD Form 3811 June 1966

c55—16—71543-9

## INSTRUCTIONS TO DELIVERING EMPLOYEE

☐ Show to n and date del

☐ Show to whom, date, and address where delivered

☐ Deliver ONLY to addressee

( charges required for these services)

## RECEIPT

*Rece bered article described below.*

REGISTERED NO.

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

CERTIFIED NO.

INSURED NO.

1

2

SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

DATE DELIVERED

SHOW WHERE DELIVERED (*only if requested*)

c55—16—71548-9 GPO

841096

POST OFFICE DEPARTMENT
OFFICIAL BUSINESS

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

POSTMARK OF DELIVERING OFFICE

PROVIDENCE JUL 19 P.M 1967 R.I.

"CAN DO!" NAVY SEABEES 1942 25TH ANNIVERSARY

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.*

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From:

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CITY HALL
PROVIDENCE, R.I. 02903

POD Form 3811 June 1966

e55—16—71548-9

**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.

CERTIFIED NO. 20165

INSURED NO.

DATE DELIVERED

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

1 E. Genevieve Bacon

SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

2

ZIP CODE

SHOW WHERE DELIVERED (*only if requested*)

ALWAYS USE ZIP CODE

PROVIDENCE R.I. JUL 19 1961

PROVIDENCE R.I. JUL 19 1961 SUNNYSIDE STA.

c55—16—71548—9 GPO

**POST OFFICE DEPARTMENT**
OFFICIAL BUSINESS

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

POSTMARK OF DELIVERING OFFICE

PROVIDENCE, R. I. JUL 19 1967 ELMWOOD STA.

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
City of Pro

STREET AND NO. OR P.O. BOX
City Hall

POST OFFICE, STATE, AND ZIP CODE
Tax Clerk
02901

POD Form 3811 June 1966

c55—10—71548-0

## INSTRUCTIONS TO DELIVERING EMPLOYEE

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(*Additional charges required for these services*)

## RECEIPT

*Received the numbered article described below.*

REGISTERED NO. 891101

CERTIFIED NO.

INSURED NO.

DATE DELIVERED JL 19 1967

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

(2) SIGNATURE OF ADDRESSEE'S AGENT, IF ANY Morris Gold

SHOW WHERE DELIVERED (*only if requested*)

o55—16—71548-9 GPO

**POST OFFICE DEPARTMENT**
OFFICIAL BUSINESS

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

PROVIDENCE JUL 19 P M 1967 R.I.

"CAN DO!" NAVY SEABEES 25TH ANNIVERSARY

POSTMARK OF DELIVERING OFFICE

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STREET AND NO. OR P.O. BOX DEPARTMENT OF CITY CLERK
CITY HALL

POST OFFICE, STATE, AND ZIP CODE PROVIDENCE, R.I. 02903

POD Form 3811 June 1966

c55—16—71548-9

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*(Additional charges required for these services)*

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REGISTERED NO.

IFIED NO. 8911 (W)

INS NO.

DATE DELIVERED 7/19/67

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

1 Alfred Carpenter

SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

2 Ann Carpenter

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.*

**RETURN TO**

NAME OF SENDER

From

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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

655—10—71548-9

## 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. 891099

CERTIFIED NO.

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

Eugenia H Burgen

2 SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

SHOW WHERE DELIVERED (*only if requested*)

7-2067

o55—16—71548-9 GPO

**POST OFFICE DEPARTMENT**
OFFICIAL BUSINESS

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

POSTMARK OF DELIVERING OFFICE

NARRAGANSETT
JUL 10
PM
1967
R.I.

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 CLER
DEPARTMENT OF CITY CLERK
CITY HALL

POST OFFICE, STATE, AND ZIP CODE

PROVIDENCE, R.I. 02903

POD Form 3811 June 1966 c55—10—71548-9

DATE OF NOTICE JUL 20 1967

477

ARTICLE ADDRESSED TO Rosalie Menefee
139 E 53 St #1

C.O.D. ARTICLE NO.

has been abandoned per your directions

| | | |
|---|---|---|
| | REGISTERED | NO. |
| | INSURED | 891 098 |
| ✓ | CERTIFIED | |

CANNOT BE DELIVERED BECAUSE:

- [ ] DELIVERY IS RESTRICTED. ADDRESSEE CAN NOT OR WILL NOT SIGN.
- [ ] INCORRECTLY ADDRESSED. SUPPLY BETTER ADDRESS IF POSSIBLE.
- [x] UNKNOWN. SUPPLY ADDRESS OR FORWARDING DIRECTIONS, IF POSSIBLE.

State below disposition you wish made of this registered, insured, or certified article and send this form promptly in an envelope bearing first-class postage to Postmaster at:

MURRAY HILL STATION
NEW YORK NY 10016

DISPOSITION INSTRUCTIONS:

- [ ] Return to sender
- [ ] Restriction lifted—deliver to addressee's agent
- [ ] Try at _____

SIGNATURE

☆ GPO : 1962 OF—622680

POST OFFICE DEPARTMENT

OFFICIAL BUSINESS

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

MURRAY HILL

NEW YORK, N.Y.
JUL 20
PM
1967

**NOTICE OF UNDELIVERABLE OR ABANDONED MAIL**

Dept. of City Clerk
City Hall Providence R.I.
02903

POD Form 3858
Dec. 1961

attn
VINCENT VESPIA, CITY CLERK

## 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. 891 098

CERTIFIED NO.

INSURED NO.

(1) SIGNATURE OR NAME OF ADDRESSEE (*Must always be filled in*) J. Morris

(2) SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

DATE DELIVERED 7/19/62

SHOW WHERE DELIVERED (*only if requested*)

c55—16—71548-9 GPO

POST OFFICE DEPARTMENT
OFFICIAL BUSINESS

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

NEW YORK, N.Y. JUL 19 PM 1967

POSTMARK OR DELIVERING OFFICE

MOLDE HILL STATION

INSTRUCTIONS: Show name and address below and complete instructions on other side, where applicable. Moisten gummed ends, attach and bold 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 CLE
DEPARTMENT OF CITY CLERK
CITY HALL

POST OFFICE, STATE, AND ZIP CODE

PROVIDENCE, R.I. 02903

POD Form 3811 June 1966 c55—10—71548-9

## 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.***

STERED NO. 041097

NO.

NO.

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

1 M. P. Hall

2 SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

E DELIVERED

JUL 20 1967

SHOW WHERE DELIVERED (*only if requested*)

055—16—71548-9 GPO

OFFICE DEPARTMENT
OFFICIAL BUSINESS

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

WESTFIELD
JUL 20
1967
N. J.

POSTMARK OF
DELIVERING OFFICE

PRAY
FOR
PEACE

TRUCTIONS: Show name and address below and
plete instructions on other side, where applicable.
sten gummed ends, attach and hold firmly to back
article. Print on front of article *RETURN*
*CEIPT REQUESTED.*

RETURN
TO

IE OF SENDER

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

EET AND NO. OR P.O. BOX

OFFICE, STATE, AND ZIP CODE

## 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. 591103 | SIGNATURE OR NAME OF ADDRESSEE (*Must always be filled in*) |
| CERTIFIED NO. | 1 |
| INSURED NO. | 2 SIGNATURE OF ADDRESSEE'S AGENT, IF ANY |
| DATE DELIVERED | SHOW WHERE DELIVERED (*only if requested*) |

o55—16—71548-9 GPO

**POST OFFICE DEPARTMENT**
OFFICIAL BUSINESS

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

POSTMARK OF DELIVERING OFFICE

21 A.M. 1967 WEST ROSSET

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~~

POST OFFICE, STATE, AND ZIP CODE

PROVIDENCE, R.I. 02903

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

## 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. 891104 | 1 Ruth Fink |
| INSURED NO. | 2 SIGNATURE OF ADDRESSEE'S AGENT, IF ANY |
| DATE DELIVERED | SHOW WHERE DELIVERED (*only if requested*) |

c55—16—71548-9 GPO

**POST OFFICE DEPARTMENT**
OFFICIAL BUSINESS

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

POSTMARK OF DELIVERING OFFICE

JUL 1967

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

c55—16—71548—9

## 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. 891105

CERTIFIED NO.

INSURED NO.

DATE DELIVERED

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

X Joanna Olson

SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

PROVO, UTAH R. ELMWOOD STA. JUL 20 1967

SHOW WHERE DELIVERED (*only if requested*)

e55—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

POST OFFICE, STATE, AND ZIP CODE

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

JUL 20 1967
ELMWOOD STA.

POD Form 3811 June 1966

c55—16—71548-9

No. 891156

**RECEIPT FOR CERTIFIED MAIL—30¢**

SENT TO
J. Gordon Snow & Freida

POSTMARK OR DATE

STREET AND NO.
132 Gilbody Drive

P. O., STATE, AND ZIP CODE
Warwick, R.I.

EXTRA SERVICES FOR ADDITIONAL FEES

Return Receipt

*Shows to whom and date delivered* ☐ *10¢ fee*

*Shows to whom, date, and where delivered* ☐ *35¢ fee*

*Deliver to Addressee Only* ☐ *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)*
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.

☆ GPO : 1966—O-206-525

No. 891124

**RECEIPT FOR CERTIFIED MAIL—30¢**

SENT TO
Charles W. Yates, Jr.

STREET AND NO.
79 Division Street

P. O., STATE, AND ZIP CODE
Pawtucket, R. I.

POSTMARK OR DATE

EXTRA SERVICES FOR ADDITIONAL FEES

Return Receipt

| Shows to whom and date delivered | Shows to whom, date, and where delivered | Deliver to Addressee Only |
|---|---|---|
| ☐ 10¢ fee | ☐ 35¢ fee | ☐ 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.

☆ GPO : 1966—O-206-525

No. 891122

**RECEIPT FOR CERTIFIED MAIL—30¢**

SENT TO
John F. Vitiello & Mone

STREET AND NO.
1329 Narragansett Blvd.

P. O., STATE, AND ZIP CODE
Cranston, R. I.

POSTMARK OR DATE

EXTRA SERVICES FOR ADDITIONAL FEES

Return Receipt

*Shows to whom and date delivered* ☐ *10¢ fee*

*Shows to whom, date, and where delivered* ☐ *35¢ fee*

*Deliver to Addressee Only* ☐ *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.

☆ GPO : 1966—O-206-525

No. 891121

**RECEIPT FOR CERTIFIED MAIL—30¢**

SENT TO
J. S. Realty Co.

STREET AND NO.
1146 Cranston Street

P. O., STATE, AND ZIP CODE
Cranston, R. I.

POSTMARK OR DATE

EXTRA SERVICES FOR ADDITIONAL FEES

Return Receipt

*Shows to whom and date delivered* ☐ *10¢ fee*

*Shows to whom, date, and where delivered* ☐ *35¢ fee*

*Deliver to Addressee Only* ☐ *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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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.

☆ GPO : 1966—O-206-525

No. 891120

**RECEIPT FOR CERTIFIED MAIL—30¢**

SENT TO
Domenic LaFazia + Eleanor

STREET AND NO.
259 Laurel Hill Avenue

P. O., STATE, AND ZIP CODE
Providence, R.I.

POSTMARK OR DATE

EXTRA SERVICES FOR ADDITIONAL FEES

| Return Receipt | | Deliver to Addressee Only |
|---|---|---|
| *Shows to whom and date delivered* | *Shows to whom, date, and where delivered* | |
| ☐ *10¢ fee* | ☐ *35¢ fee* | ☐ *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.

☆ GPO : 1966—O-206-525

No. 891119

**RECEIPT FOR CERTIFIED MAIL—30¢**

SENT TO
Ida Wagner

STREET AND NO.
70 Adelaide Avenue

P. O., STATE, AND ZIP CODE
Providence, R. I.

POSTMARK OR DATE

EXTRA SERVICES FOR ADDITIONAL FEES

**Return Receipt**

*Shows to whom and date delivered* ☐ *10¢ fee*

*Shows to whom, date, and where delivered* ☐ *35¢ fee*

*Deliver to Addressee Only* ☐ *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 | OPTIONAL SERVICES |
|---|---|
| Certified fee—30¢ | Return receipt (10¢ or 35¢) |
| Postage (first-class or airmail) | 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.

☆ GPO : 1966—O-206-525

No. 891118

**RECEIPT FOR CERTIFIED MAIL—30¢**

SENT TO
Mary + Howard Garabedian

STREET AND NO.
64 Adelaide Avenue

P. O., STATE, AND ZIP CODE
Providence, R.I.

POSTMARK OR DATE

EXTRA SERVICES FOR ADDITIONAL FEES

**Return Receipt**

| *Shows to whom and date delivered* | *Shows to whom, date, and where delivered* | *Deliver to Addressee Only* |
|---|---|---|
| ☐ *10¢ fee* | ☐ *35¢ fee* | ☐ *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 | OPTIONAL SERVICES |
|---|---|
| Certified fee—30¢ | Return receipt (10¢ or 35¢) |
| Postage (first-class or airmail) | 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.

☆ GPO : 1966—O-206-525

No. 891046

**RECEIPT FOR CERTIFIED MAIL—30¢**

SENT TO
Augustine Pisonti & Inf Nacondo

STREET AND NO.
54 Adelaide Avenue

P. O., STATE, AND ZIP CODE
Providence, R.I.

POSTMARK OR DATE

EXTRA SERVICES FOR ADDITIONAL FEES

**Return Receipt**

*Shows to whom and date delivered* ☐ *10¢ fee*

*Shows to whom, date, and where delivered* ☐ *35¢ fee*

*Deliver to Addressee Only* ☐ *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 | OPTIONAL SERVICES |
|---|---|
| Certified fee—30¢ | Return receipt (10¢ or 35¢) |
| Postage (first-class or airmail) | 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.

☆ GPO : 1966—O-206-525

No. 891047

**RECEIPT FOR CERTIFIED MAIL—30¢**

SENT TO
The Ellsworth Corp.

STREET AND NO.
Box 2647 Elmwood Station

P. O., STATE, AND ZIP CODE
Providence, R. I.

POSTMARK OR DATE

EXTRA SERVICES FOR ADDITIONAL FEES

**Return Receipt**

*Shows to whom and date delivered* ☐ *10¢ fee*

*Shows to whom, date, and where delivered* ☐ *35¢ fee*

*Deliver to Addressee Only* ☐ *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 | OPTIONAL SERVICES |
|---|---|
| Certified fee—30¢ | Return receipt (10¢ or 35¢) |
| Postage (first-class or airmail) | 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.

☆ GPO : 1966—O-206-525

No. 891096

**RECEIPT FOR CERTIFIED MAIL—30¢**

SENT TO
Charles Rehbein & wf Annelore

STREET AND NO.
44 Adelaide Avenue

P. O., STATE, AND ZIP CODE
Providence, R.I.

POSTMARK OR DATE

EXTRA SERVICES FOR ADDITIONAL FEES

**Return Receipt**

*Shows to whom and date delivered* ☐ *10¢ fee*

*Shows to whom, date, and where delivered* ☐ *35¢ fee*

*Deliver to Addressee Only* ☐ *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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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.

☆ GPO : 1966—O-206-525

No. 891102

**RECEIPT FOR CERTIFIED MAIL—30¢**

SENT TO
Emily Bacon

STREET AND NO.
40 Adelaide Avenue

P. O., STATE, AND ZIP CODE
Providence, R.I.

POSTMARK OR DATE

EXTRA SERVICES FOR ADDITIONAL FEES

**Return Receipt**

*Shows to whom and date delivered* ☐ *10¢ fee*

*Shows to whom, date, and where delivered* ☐ *35¢ fee*

*Deliver to Addressee Only* ☐ *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)*
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.

☆ GPO : 1966—O-206-525

No. 891101

**RECEIPT FOR CERTIFIED MAIL—30¢**

SENT TO
Ester Gold

STREET AND NO.
18 Hallstin Street

P. O., STATE, AND ZIP CODE
Providence, R. I.

POSTMARK OR DATE

EXTRA SERVICES FOR ADDITIONAL FEES

**Return Receipt**

*Shows to whom and date delivered* ☐ *10¢ fee*

*Shows to whom, date, and where delivered* ☐ *35¢ fee*

*Deliver to Addressee Only* ☐ *50¢ fee*

POD Form 3800
Mar. 1966

**NO INSURANCE COVERAGE PROVIDED—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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6. Save this receipt and present it if you make inquiry.

☆ GPO : 1966—O-206-525

No. 891100

## RECEIPT FOR CERTIFIED MAIL—30¢

SENT TO
Alfred Corporato & Sons

STREET AND NO.
360 Sunset Avenue

P. O., STATE, AND ZIP CODE
North Providence, R.I.

POSTMARK OR DATE

EXTRA SERVICES FOR ADDITIONAL FEES

**Return Receipt**

*Shows to whom and date delivered* ☐ *10¢ fee*

*Shows to whom, date, and where delivered* ☐ *35¢ fee*

*Deliver to Addressee Only* ☐ *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 | OPTIONAL SERVICES |
|---|---|
| Certified fee—30¢ | Return receipt (10¢ or 35¢) |
| Postage (first-class or airmail) | 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.

☆ GPO : 1966—O-206-525

No. 891099

## RECEIPT FOR CERTIFIED MAIL—30¢

SENT TO
Ronald Burgess & Eugenia

STREET AND NO.
43 Lenox Avenue

P. O., STATE, AND ZIP CODE
Providence, R. I.

POSTMARK OR DATE

EXTRA SERVICES FOR ADDITIONAL FEES

**Return Receipt**

*Shows to whom and date delivered* ☐ *10¢ fee*

*Shows to whom, date, and where delivered* ☐ *35¢ fee*

*Deliver to Addressee Only* ☐ *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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6. Save this receipt and present it if you make inquiry.

☆ GPO : 1966—O-206-525

No. 891098

**RECEIPT FOR CERTIFIED MAIL—30¢**

SENT TO
Rosalie Manchen

STREET AND NO.
139 East 34th Street

P. O., STATE, AND ZIP CODE
N. Y., N. Y.

POSTMARK OR DATE

EXTRA SERVICES FOR ADDITIONAL FEES

Return Receipt

*Shows to whom and date delivered* ☐ *10¢ fee*

*Shows to whom, date, and where delivered* ☐ *35¢ fee*

*Deliver to Addressee Only* ☐ *50¢ fee*

POD 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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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.

☆ GPO : 1966—O-206-525

No. 891097

**RECEIPT FOR CERTIFIED MAIL—30¢**

SENT TO
Russell Holt & wife Patricia

STREET AND NO.
2003 Hilltop Road

P. O., STATE, AND ZIP CODE
North Plainfield, N. J.

POSTMARK OR DATE

EXTRA SERVICES FOR ADDITIONAL FEES

Return Receipt

| Shows to whom and date delivered | Shows to whom, date, and where delivered | Deliver to Addressee Only |
|---|---|---|
| ☐ 10¢ fee | ☐ 35¢ fee | ☐ 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 | OPTIONAL SERVICES |
|---|---|
| Certified fee—30¢ | Return receipt (10¢ or 35¢) |
| Postage (first-class or airmail) | 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.

☆ GPO : 1966—O-206-525

No. 891103

## RECEIPT FOR CERTIFIED MAIL—30¢

SENT TO
James Goldman

STREET AND NO.
57 Jenny Avenue

P. O., STATE, AND ZIP CODE
Providence, R. I.

POSTMARK OR DATE

EXTRA SERVICES FOR ADDITIONAL FEES

Return Receipt

| Shows to whom and date delivered | Shows to whom, date, and where delivered | Deliver to Addressee Only |
|---|---|---|
| ☐ 10¢ fee | ☐ 35¢ fee | ☐ 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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6. Save this receipt and present it if you make inquiry.

☆ GPO : 1966—O-206-525

No. 891104

**RECEIPT FOR CERTIFIED MAIL—30¢**

SENT TO
Mathon Fink & my Ruth

STREET AND NO.
63 Lenox Avenue

P. O., STATE, AND ZIP CODE
Providence, R. I.

POSTMARK OR DATE

EXTRA SERVICES FOR ADDITIONAL FEES

**Return Receipt**

*Shows to whom and date delivered* ☐ *10¢ fee*

*Shows to whom, date, and where delivered* ☐ *35¢ fee*

*Deliver to Addressee Only* ☐ *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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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.

☆ GPO : 1966—O-206-525

No. 891105

## RECEIPT FOR CERTIFIED MAIL—30¢

SENT TO

Joanna O'Connor

STREET AND NO.

19 Lenox Avenue

P. O., STATE, AND ZIP CODE

Providence, R. I.

POSTMARK OR DATE

EXTRA SERVICES FOR ADDITIONAL FEES

**Return Receipt**

*Shows to whom and date delivered* ☐ *10¢ fee*

*Shows to whom, date, and where delivered* ☐ *35¢ fee*

*Deliver to Addressee Only* ☐ *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 | OPTIONAL SERVICES |
|---|---|
| Certified fee—30¢ | Return receipt (10¢ or 35¢) |
| Postage (first-class or airmail) | 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.
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¢.)*
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6. Save this receipt and present it if you make inquiry.

☆ GPO : 1966—O-206-525

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

VINCENT VESPIA, CITY CLERK

UNCLAIMED

RETURN RECEIPT REQUESTED

P.F.D. Realty Co.

19 Echo Drive

Providence, R. I.

CERTIFIED MAIL

PROVIDENCE R.I. JUL 17'67 P.M.

JY 18 AM 1967

U.S. POSTAGE 45 :

P.B. METER 392606

CERTIFIED MAIL No. 891158

Returned to Writer

REASON CHECKED
Unclaimed.....
Unknown..... Refused.....
Insufficient address.....
Moved, Left no address.....
No such office in state.....
Do not remail in this envelope

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.

*As required by State statute, this petition must be submitted to a Public Hearing again.

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

VINCENT VESPIA, CITY CLERK

HRNL
JI 27 M

JUL 19 1967

CERTIFIED MAIL

8/3

PROVIDENCE, R.I. JY 18 AM 1967

PROVIDENCE JUL 17'67 R.I.

U.S. POSTAGE 45 :

PB METER P.B. 392606

RETURN RECEIPT REQUESTED

Howard F. Brennan & Wf. Frances

138 Reynolds Avenue

Providence, R. I.

RETURNED TO WRITER

REASON CHECKED
Unclaimed ____ Refused ____
Unknown ____
Insufficient address ____
Moved, Left no address ____
No such post office in state ____
Do not remail in this envelope

CERTIFIED MAIL No. 891135

CITY OF PROVIDENCE

DEPARTMENT OF CITY CLERK

PUBLIC HEARING

Relative to Amendments

to the Zoning Ordinance

and Zoning Map

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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.

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Vincent Vespia, City Clerk.

July 14, 1967.

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

VINCENT VESPIA, CITY CLERK

RETURNED TO SENDER

REASON CHECKED
Unclaimed ____ Refused ____
Addressee unknown ____
Insufficient Address ____
No such street ____ number ____
No such office in state ____
Do not remail in this envelope

Not called for

RETURN RECEIPT REQUESTED

PROVIDENCE R.I. JUL 17'67

U.S. POSTAGE 45¢ PB 392606

PROVIDENCE, R.I. JY 18 AM 1967

Arthur H. Wilson & wf. Amy
52 Atlantic Avenue
Providence, R. I.

CERTIFIED MAIL

UNCLAIMED NOTIFIED

CERTIFIED MAIL No. 891129

12/8-4

CITY OF PROVIDENCE

DEPARTMENT OF CITY CLERK

PUBLIC HEARING

Relative to Amendments

to the Zoning Ordinance

and Zoning Map

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By Order of the Committee on Ordinances.

Councilman Anthony B. Sciarretta, Chairman.

Vincent Vespia, City Clerk.

July 14, 1967.

*As required by State statute, this petition must be submitted to a Public Hearing again.

PETITION OF GORDON SNOW FOR CHANGE IN ZONING - NORTHERLY SIDE OF ADELAIDE AVENUE.

Plat 53

Lot 335 - Robert Boyer & wf Norma
29 Atlantic Avenue

448 - Same as 335

449 - Joseph Perfenchuck & wf Elizabeth
31 Atlantic Avenue

450 - Kathleen Breen
234 Camp Street

451 - Elmcrest Realty Company
1668 Warwick Avenue
Warwick, Rhode Island

452 - Howard F. Brennan & wf Frances
138 Reynolds Avenue

182 - Anthony Monacelli & wf Eleanor
150 Stanwood Street

453 - Rita Blier
47 Atlantic Avenue

454 - Joan Farmer
51 Atlantic Avenue

455 - William Farmer & wf Helen
55 Atlantic Avenue

457 - Peter P. Patrick & wf Eileen
128 Carr Street

392 - Elmcrest Realty Company
1668 Warwick Avenue
Warwick, Rhode Island

344 - Robert Sheldon & Louis Sheldon
65 Herod Street
Cranston, Rhode Island

393 - Arthur H. Wilson & wf Amy
52 Atlantic Avenue

150 - Robert Sheldon & wf Patricia
65 Herod Street
Cranston, Rhode Island

180 - Edward Rodgers et als
40 Atlantic Avenue

384 - Contact Realty Company
131 Lyndon Road
Cranston, Rhode Island

394 - Margaret Doorley
32 Atlantic Avenue

668 - Edward Calkins & wf Gertrude
28 Atlantic Avenue

307 - James J. Devlin & wf Martha
24 Atlantic Avenue

25 - Elmcrest Realty Company
1668 Warwick Avenue
Warwick

50 - P. F. D. Realty Company
19 Echo Drive

113 - Leo Albanese
43 Adlaide Avenue

Lot 409 - J. Gordon Snow & wf Fredda
132 Gillooly Drive
Warwick, Rhode Island

690 - Same as 409

1 - Charles W. Yates, Jr.
79 Sisson Street
Pawtucket, Rhode Island

68 - John F. Viticonte & wf Marie
1329 Narragansett Blvd.
Cranston, Rhode Island

2 - J. S. Realty Company
1196 Cranston Street
Cranston, Rhode Island

686 - Edward Calkins & wf Gertrude
28 Atlantic Avenue

144 - Domenic LaFazia & wf Eleanor
259 Laurel Hill Avenue

526 - Ida Wagner
70 Adelaide Avenue

388 - Mary & Howard Garabedian
64 Adelaide Avenue

531 - Augustine Pironti & wf Giaconda
54 Adelaide Avenue

524 - The Ellsworth Corp.
Box 2647
Elmwood Station

514 - Charles Rehbein & wf Annelore
44 Adelaide Avenue

492 - Emily Bacon
40 Adelaide Avenue

532 - Esther Gold
18 Gallatin Street

533 - Alfred Carpionato & Louis Carpionato
360 Sunset Avenue
North Providence

536 - Ronald Burgess & wf Eugenia
43 Lenox Avenue

537 - Rosalie Mencher
139 East 34th Street
New York

538 - Russell Holt & wf Patricia
2003 Hilltop Road
Scotch Plains, New York

539 - James Goldman
57 Lenox Avenue

540 - Nathan Fink & wf Ruth
63 Lenox Avenue

541 - Joanna O'Connor
69 Lenox Avenue

Warren M. Pulner, Esquire
621-622 Industrial Bank Building

Councilman Edward S. Goldin
Councilman Raymond J. Devitt, Jr.

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

VINCENT VESPIA, CITY CLERK

UNCLAIMED

Not in Directory
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139 East 34th Street
New York, New York

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MURRAY HILL
STATION

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.

# City Plan Commission



FRANK H. MALLEY, *Director*
DIETER HAMMERSCHLAG, *Deputy Director*

*Suite 103, City Hall,*
*Providence, Rhode Island 02903*

January 14, 1966

Committee on Ordinances
City Hall
Providence, R. I.

SUBJECT: Referral No. 1510 - ZONING CHANGE ON THE WESTERLY SIDE OF ADELAIDE AVENUE

Gentlemen:

The subject referral received consideration by the City Plan Commission at a meeting held on Thursday, January 13, 1966.

This referral is a request to change the zoning of Lot 690 as set out and delineated on City Assessor's Plat 53, from an R-2 Zone to an R-4 Residential Zone. The property is located on the westerly side of Adelaide Avenue and contains 5,000 square feet of land.

On an inspection and photographic survey it was determined that the property in question contains a 2½-story frame dwelling.

Reference is made to Committee on Ordinances Referral #1386 dated July 15, 1964. This was a request to change the zoning of this same property from an R-2 Zone to an R-4 Zone. The City Plan Commission recommended denial and the Committee on Ordinances upheld the recommendation.

The Master Plan recommends medium density residential for this area.

The dwellings in this area are well maintained and any relaxing of the zoning regulations in this area would be detrimental to them. The granting of this petition would also create a clear case of spot zoning. Therefore,

The Commission

VOTED: To recommend that this petition be denied.

Very truly yours,

FRANK H. MALLEY

FHM:MMH

c.c. Councilman Edward S. Goldin
Councilman Robert J. McOsker

FILED

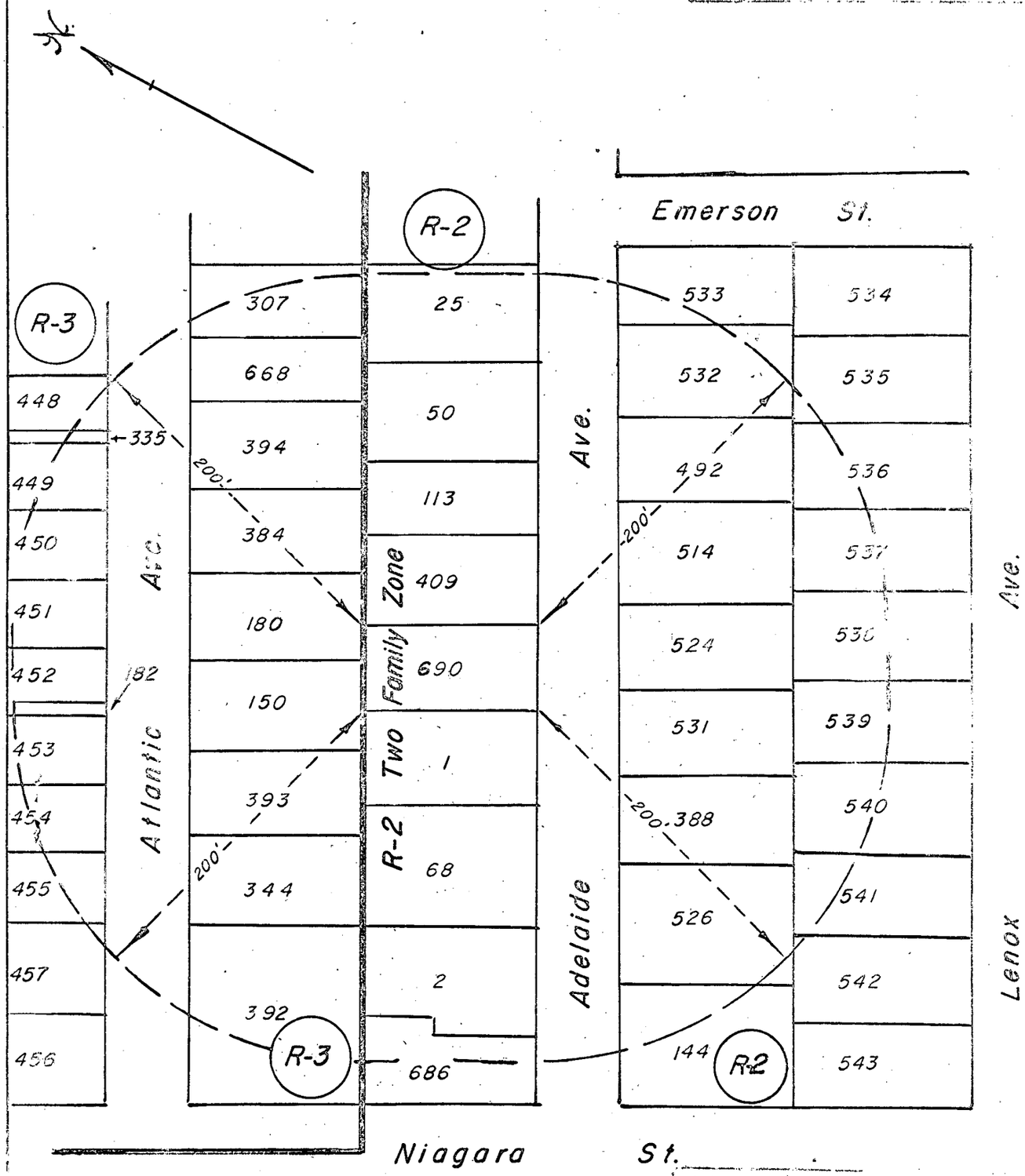
JAN 17 3 24 PM '66

DEPT. OF CITY CLERK
PROVIDENCE, R.I.

Zoning Change No.

Shaded area to be changed from an R-2 Two Family Zone to an R-4 Multiple Dwelling Zone.

PROVIDENCE, R.I.
DEPT. OF ENGINEERING SERVICE
CITY PLANNING DIVISION
Date July 10, 1967




CITY OF PROV
Public Works
Subject Zoning Change No.
Drawn E.A.K. L.P.R.
Scale 1" = 80' July 10, 1967
Checked
Approved Robert B. Strang

Assessor's Plat 53

Zoning Change # 213

# The City of Providence

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

## CHAPTER 1878

No. 559 **AN ORDINANCE** AMENDING CHAPTER 544 OF 1951, BY CHANGING 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.

EFFECTIVE ~~Approved~~XX October 13, 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-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, bounded and described as follows:

> Beginning at a point on the northerly line of Adelaide Avenue at the southwesterly corner of Lot 166 on City Assessor's Plat 52; thence northerly along the easterly line of Lot 119 to the northwesterly corner of Lot 166; thence easterly along the southerly lines of Lots 174, 137 and 169 to the northeasterly corner of Lot 28; thence southerly along the westerly line of Lot 125 to the northerly line of Adelaide Avenue at the southeasterly corner of Lot 28; thence westerly along the northerly line of Adelaide Avenue to the southwesterly corner of Lot 166 and the point and place of beginning.

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

IN CITY COUNCIL
SEP 21 1967
FIRST READING
READ AND PASSED
Vincent Vespia
CLERK

IN CITY COUNCIL
OCT 5 - 1967
FINAL READING
READ AND PASSED
Russell J. Boyle
PRESIDENT
Vincent Vespia
CLERK

EFFECTIVE WITHOUT MAYOR'S APPROVAL
October 13, 1967

Vincent Vespia
Vincent Vespia, City Clerk

*No.*

CHAPTER

AN ORDINANCE

THE COMMITTEE ON ORDINANCES

Approves Passage of The Within Ordinance

Vassiliot Vespas
Chairman

9-6-67 Clerk

OFFICE OF THE
CITY CLERK
CITY OF PROVIDENCE

MAY 15

6195 $ 25.00MSA

**CITY OF PROVIDENCE**

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

# 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 an R-2 two-family zone to a R-4 multiple dwelling zone that certain lots set out and delineated as lots 28 & 166 on the Plats of Assessors of Taxes on Plat 52. Said lot being situated on the northerly side of Adelaide Avenue.

Respectfully submitted,

WOLOOHOJIAN REALTY CORP.

By Elizabeth Bagoseau
President and Treasurer

DEPARTMENT OF CITY CLERK
RECEIVED
MAY 15 1967
PROVIDENCE, R. I.
Vincent Vespia
CITY CLERK OF PROVIDENCE
pd by ck $25.00

# IN CITY COUNCIL

MAY 1 8 1967

FIRST READING
REFERRED TO COMMITTEE ON
ORDINANCES

William H Matthews ACTING CLERK

FILED
MAY 15 12 45 PM '67
DEPT. OF CITY CLERK
PROVIDENCE, R.I.

CITY OF PROVIDENCE

# Department of City Clerk

**MEMORANDUM**

Providence, R. I., May 19, 1967

TO: Department of Planning and Urban Development.

SUBJECT: Adelaide Avenue - Zoning Change.

CONSIDERED BY: Committee on Ordinances.

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

Helen M. Mallhews
Acting City Clerk

No. 891084

## RECEIPT FOR CERTIFIED MAIL—30¢

SENT TO
Wolverhojian Realty Corp.

STREET AND NO.
207 Atlantic Avenue

P. O., STATE, AND ZIP CODE
Providence, R.I.

POSTMARK OR DATE

EXTRA SERVICES FOR ADDITIONAL FEES

Return Receipt

*Shows to whom and date delivered* ☐ *10¢ fee*

*Shows to whom, date, and where delivered* ☐ *35¢ fee*

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Mar. 1966

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

☆ GPO : 1966—O-206-525

No. 891155

**RECEIPT FOR CERTIFIED MAIL—30¢**

SENT TO
Edward F. Archer

STREET AND NO.
108 Adelaide Avenue

P. O., STATE, AND ZIP CODE
Providence, R. I.

POSTMARK OR DATE

EXTRA SERVICES FOR ADDITIONAL FEES

**Return Receipt**

*Shows to whom and date delivered* ☐ *10¢ fee*

*Shows to whom, date, and where delivered* ☐ *35¢ fee*

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Mar. 1966

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No. 891092

## RECEIPT FOR CERTIFIED MAIL—30¢

SENT TO
Anna & Katherine McKeegan.

STREET AND NO.
103 Adelaide Avenue.

P. O., STATE, AND ZIP CODE
Providence, R. I.

POSTMARK OR DATE

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Return Receipt

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|---|---|---|
| ☐ 10¢ fee | ☐ 35¢ fee | ☐ 50¢ fee |

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Mar. 1966

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Certified fee—30¢
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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.

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No. 891091

## RECEIPT FOR CERTIFIED MAIL—30¢

SENT TO
Esther Redfern

STREET AND NO.
97 Lenox Avenue

P. O., STATE, AND ZIP CODE
Providence, R. I.

POSTMARK OR DATE

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**Return Receipt**

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*Shows to whom, date, and where delivered* ☐ *35¢ fee*

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Mar. 1966

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No. 891090

## RECEIPT FOR CERTIFIED MAIL—30¢

SENT TO
Thomas C. Moran & Virginia

STREET AND NO.
170 Hamilton Street

P. O., STATE, AND ZIP CODE
Providence, R. I.

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Mar. 1966

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☆ GPO : 1966—O-206-525

No. 891089

## RECEIPT FOR CERTIFIED MAIL—30¢

SENT TO
John E. Fitzgerald & Barbara

STREET AND NO.
124 Adelaide Avenue

P. O., STATE, AND ZIP CODE
Providence, R. I.

POSTMARK OR DATE

EXTRA SERVICES FOR ADDITIONAL FEES

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Mar. 1966

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☆ GPO : 1966—O-206-525

No. 891088

## RECEIPT FOR CERTIFIED MAIL—30¢

SENT TO
Ara Shuagian & my Supie

STREET AND NO.
206 Armington Avenue

P. O., STATE, AND ZIP CODE
Cranston, R. I.

POSTMARK OR DATE

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☆ GPO : 1966—O-206-525

No. 891087

## RECEIPT FOR CERTIFIED MAIL—30¢

SENT TO
Morris Hannon & wife May

STREET AND NO.
107 Atlantic Avenue

P. O., STATE, AND ZIP CODE
Providence R.I.

POSTMARK OR DATE

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Mar. 1966

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

☆ GPO : 1966—O-206-525

No. 891086

## RECEIPT FOR CERTIFIED MAIL—30¢

SENT TO

Amer. Yard & Yf Divine

STREET AND NO.

103 Atlantic Avenue

P. O., STATE, AND ZIP CODE

Providence, R. I.

POSTMARK OR DATE

EXTRA SERVICES FOR ADDITIONAL FEES

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*Shows to whom, date, and where delivered* ☐ *35¢ fee*

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Mar. 1966

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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.

☆ GPO : 1966—O-206-525

No. 891085

## RECEIPT FOR CERTIFIED MAIL—30¢

SENT TO
Richard & Barbara Chambers

STREET AND NO.
97 Atlantic Avenue

P.O., STATE, AND ZIP CODE
Providence, R.I.

POSTMARK OR DATE

EXTRA SERVICES FOR ADDITIONAL FEES

Return Receipt

| Shows to whom and date delivered | Shows to whom, date, and where delivered | Deliver to Addressee Only |
|---|---|---|
| ☐ 10¢ fee | ☐ 35¢ fee | ☐ 50¢ fee |

POD Form 3800
Mar. 1966

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

☆ GPO : 1966—O-206-525

No. 891154

## RECEIPT FOR CERTIFIED MAIL—30¢

SENT TO
Samuel Bernstein

STREET AND NO.
45 Homer Street

P. O., STATE, AND ZIP CODE
Providence, R. I.

POSTMARK OR DATE

EXTRA SERVICES FOR ADDITIONAL FEES

**Return Receipt**

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*Shows to whom, date, and where delivered* ☐ *35¢ fee*

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Mar. 1966

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| Certified fee—30¢ | Return receipt (10¢ or 35¢) |
| Postage (first-class or airmail) | 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.

☆ GPO : 1966—O-206-525

No. 891153

## RECEIPT FOR CERTIFIED MAIL—30¢

SENT TO
Bessie Donovan

STREET AND NO.
178 Hamilton Street

P. O., STATE, AND ZIP CODE
Providence, R. I.

POSTMARK OR DATE

EXTRA SERVICES FOR ADDITIONAL FEES

**Return Receipt**

*Shows to whom and date delivered* ☐ *10¢ fee*

*Shows to whom, date, and where delivered* ☐ *35¢ fee*

*Deliver to Addressee Only* ☐ *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 | OPTIONAL SERVICES |
|---|---|
| Certified fee—30¢ | Return receipt (10¢ or 35¢) |
| Postage (first-class or airmail) | 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.

☆ GPO : 1966—O-206-525

No. 891152

**RECEIPT FOR CERTIFIED MAIL—30¢**

SENT TO
Donald H. Picard & Margaret

STREET AND NO.
132 Adelaide Avenue

P. O., STATE, AND ZIP CODE
Providence, R.I.

POSTMARK OR DATE

EXTRA SERVICES FOR ADDITIONAL FEES

Return Receipt

*Shows to whom and date delivered* ☐ *10¢ fee*

*Shows to whom, date, and where delivered* ☐ *35¢ fee*

*Deliver to Addressee Only* ☐ *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 | OPTIONAL SERVICES |
|---|---|
| Certified fee—30¢ | Return receipt (10¢ or 35¢) |
| Postage (first-class or airmail) | 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.

☆ GPO : 1966—O-206-525

No. 891151

## RECEIPT FOR CERTIFIED MAIL—30¢

SENT TO
Jabel Mahrgian

STREET AND NO.
133 Lenox Avenue

P. O., STATE, AND ZIP CODE
Providence, R. I.

POSTMARK OR DATE

EXTRA SERVICES FOR ADDITIONAL FEES

**Return Receipt**

*Shows to whom and date delivered* ☐ *10¢ fee*

*Shows to whom, date, and where delivered* ☐ *35¢ fee*

*Deliver to Addressee Only* ☐ *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 | OPTIONAL SERVICES |
|---|---|
| Certified fee—30¢ | Return receipt (10¢ or 35¢) |
| Postage (first-class or airmail) | 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.

☆ GPO : 1966—O-206-525

No. 891150

## RECEIPT FOR CERTIFIED MAIL—30¢

SENT TO
Daniel A. Fairbrother

STREET AND NO.
126 Atlantic Avenue

P. O., STATE, AND ZIP CODE
Providence, R.I.

POSTMARK OR DATE

EXTRA SERVICES FOR ADDITIONAL FEES

**Return Receipt**

*Shows to whom and date delivered* ☐ *10¢ fee*

*Shows to whom, date, and where delivered* ☐ *35¢ fee*

*Deliver to Addressee Only* ☐ *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 | OPTIONAL SERVICES |
|---|---|
| Certified fee—30¢ | Return receipt (10¢ or 35¢) |
| Postage (first-class or airmail) | 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.

☆ GPO : 1966—O-206-525

No. 891149

## RECEIPT FOR CERTIFIED MAIL—30¢

SENT TO
John J. Pymill

STREET AND NO.
177 Hamilton Street

P. O., STATE, AND ZIP CODE
Providence, R. I.

POSTMARK OR DATE

EXTRA SERVICES FOR ADDITIONAL FEES

**Return Receipt**

*Shows to whom and date delivered* ☐ *10¢ fee*

*Shows to whom, date, and where delivered* ☐ *35¢ fee*

*Deliver to Addressee Only* ☐ *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 | OPTIONAL SERVICES |
|---|---|
| Certified fee—30¢ | Return receipt (10¢ or 35¢) |
| Postage (first-class or airmail) | 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.

☆ GPO : 1966—O-206-525

No. 891148

## RECEIPT FOR CERTIFIED MAIL—30¢

| SENT TO | POSTMARK OR DATE |
|---|---|
| Manory Hostamin & Cartonovsk | |
| STREET AND NO. | |
| 195 Melrose Street | |
| P. O., STATE, AND ZIP CODE | |
| Providence R.I. | |

EXTRA SERVICES FOR ADDITIONAL FEES

| Return Receipt | | |
|---|---|---|
| *Shows to whom and date delivered* | *Shows to whom, date, and where delivered* | *Deliver to Addressee Only* |
| ☐ *10¢ fee* | ☐ *35¢ fee* | ☐ *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 | OPTIONAL SERVICES |
|---|---|
| Certified fee—30¢ | Return receipt (10¢ or 35¢) |
| Postage (first-class or airmail) | 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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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.

☆ GPO : 1966—O-206-525

No. 891147

**RECEIPT FOR CERTIFIED MAIL—30¢**

SENT TO
James V. Hubbard Ex. Estate

STREET AND NO.
92 Atlantic Avenue

P. O., STATE, AND ZIP CODE
Providence, R. I.

POSTMARK OR DATE

EXTRA SERVICES FOR ADDITIONAL FEES

**Return Receipt**

*Shows to whom and date delivered* ☐ *10¢ fee*

*Shows to whom, date, and where delivered* ☐ *35¢ fee*

*Deliver to Addressee Only* ☐ *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 | OPTIONAL SERVICES |
|---|---|
| Certified fee—30¢ | Return receipt (10¢ or 35¢) |
| Postage (first-class or airmail) | 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.

☆ GPO : 1966—O-206-525

No. 891146

## RECEIPT FOR CERTIFIED MAIL—30¢

SENT TO
Charles E. Brennan & Joan

STREET AND NO.
98 Atlantic Avenue

P. O., STATE, AND ZIP CODE
Providence, R. I.

POSTMARK OR DATE

EXTRA SERVICES FOR ADDITIONAL FEES

**Return Receipt**

*Shows to whom and date delivered* ☐ *10¢ fee*

*Shows to whom, date, and where delivered* ☐ *35¢ fee*

*Deliver to Addressee Only* ☐ *50¢ fee*

POO 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 | OPTIONAL SERVICES |
|---|---|
| Certified fee—30¢ | Return receipt (10¢ or 35¢) |
| Postage (first-class or airmail) | 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.

☆ GPO : 1966—O-206-525

No. 891018

**RECEIPT FOR CERTIFIED MAIL—30¢**

SENT TO
Aristide Caporlonio & wf Lydia

STREET AND NO.
40 Wesleyan Avenue

P. O., STATE, AND ZIP CODE
Providence R.I.

POSTMARK OR DATE

EXTRA SERVICES FOR ADDITIONAL FEES

**Return Receipt**

*Shows to whom and date delivered* ☐ *10¢ fee*

*Shows to whom, date, and where delivered* ☐ *35¢ fee*

*Deliver to Addressee Only* ☐ *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)*
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.

☆ GPO : 1966—O-206-525

No. 891017

## RECEIPT FOR CERTIFIED MAIL—30¢

SENT TO
John Mc Vorem & wife Helen

STREET AND NO.
110 Atlantic Avenue

P. O., STATE, AND ZIP CODE
Providence, R. I.

POSTMARK OR DATE

EXTRA SERVICES FOR ADDITIONAL FEES

| Return Receipt | | Deliver to Addressee Only |
|---|---|---|
| *Shows to whom and date delivered* | *Shows to whom, date, and where delivered* | |
| ☐ *10¢ fee* | ☐ *35¢ fee* | ☐ *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 | OPTIONAL SERVICES |
|---|---|
| Certified fee—30¢ | Return receipt (10¢ or 35¢) |
| Postage (first-class or airmail) | 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.

☆ GPO : 1966—O-206-525

No. 891016

## RECEIPT FOR CERTIFIED MAIL—30¢

SENT TO
Norman D. Potter & Wife Mel

STREET AND NO.
174 Hamilton Street

P. O., STATE, AND ZIP CODE
Providence, R. I.

POSTMARK OR DATE

EXTRA SERVICES FOR ADDITIONAL FEES

Return Receipt

| Shows to whom and date delivered | Shows to whom, date, and where delivered | Deliver to Addressee Only |
|---|---|---|
| ☐ 10¢ fee | ☐ 35¢ fee | ☐ 50¢ fee |

POD Form 3800
Mar. 1986

NO INSURANCE COVERAGE PROVIDED—
NOT FOR INTERNATIONAL MAIL

(See other side)

1. Stick postage stamps to your article to pay:

| BASIC CHARGES | OPTIONAL SERVICES |
|---|---|
| Certified fee—30¢ | Return receipt (10¢ or 35¢) |
| Postage (first-class or airmail) | 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.

☆ GPO : 1966—O-206-525

## 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.

CERTIFIED 89115

INSURED NO.

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

1 BESSIE DONOVAN

SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

2 178 Hamilton Street

DATE DELIVERED

SHOW WHERE DELIVERED (*only if requested*)

UNCLAIMED

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 CL.
DEPARTMENT OF CITY CLER.

POST OFFICE, STATE, AND ZIP CODE

CITY HALL
PROVIDENCE, R.I. 02903

POD Form 3811 June 1966

055—16—71648-9

## 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.

CERTIFIED NO. 891152

INSURED NO.

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

1 Donald G. Picard

SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

2 132 Adelaide Avenue

DATE DELIVERED

SHOW WHERE DELIVERED (*only if requested*)

o55—16—71548-9 GPO

~~UNCLAIMED~~ UNCLAIMED

**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 CLE
DEPARTMENT OF CITY CLERK

POST OFFICE, STATE, AND ZIP CODE

CITY HALL
PROVIDENCE, R.I. 02903

POD Form 3811 June 1966

c55—16—71545-0

## 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.

CERTIFIED NO. 891151

INSURED NO.

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

1 Zabel Nahigian

2 SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

DATE DELIVERED

SHOW WHERE DELIVERED (*only if requested*)

c55—16—71548-9 GPO

**UNCLAIMED**

**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

STREET AND NO. OR P.O. BOX

POST OFFICE, STATE, AND ZIP CODE

ZIP CODE

ALWAYS USE

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

c55—10—71548-9

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. 891150 | 1 Daniel Zorn |
| INSURED NO. | 2 SIGNATURE OF ADDRESSEE'S AGENT, IF ANY |
| DATE DELIVERED | SHOW WHERE DELIVERED (*only if requested*) |

c55—16—71548-9 GPO

**POST OFFICE DEPARTMENT**
**OFFICIAL BUSINESS**

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

PROVIDENCE JUL 19 P M 1967 R.I.

POSTMARK OF DELIVERING OFFICE

"CAN DO!"
NAVY SEABEES
25TH ANNIVERSARY

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 CL
DEPARTMENT OF CITY CLER

POST OFFICE, STATE, AND ZIP CODE

CITY HALL
PROVIDENCE, R.I. 02903

POD Form 3811 June 1966

c55—10—71548-9

## 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)*

NOV 19 1971

NAVY SEABEES

## RECEIPT

***Received the numbered article described below.***

| | |
|---|---|
| REGISTERED NO. | SIGNATURE OR NAME OF ADDRESSEE (*Must always be filled in*) |
| CERTIFIED NO. 691149 | ① |
| INSURED NO. | ② SIGNATURE OF ADDRESSEE'S AGENT, IF ANY |
| DATE DELIVERED 2-19-67 | SHOW WHERE DELIVERED (*only if requested*) |

c55—16—71548-9 GPO

**POST OFFICE DEPARTMENT**
**OFFICIAL BUSINESS**

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

POSTMARK OF DELIVERING OFFICE

PROVIDENCE, R.I. ELMWOOD STA. JUL 19 1967

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 CL
DEPARTMENT OF CITY CLER

POST OFFICE, STATE, AND ZIP CODE

CITY HALL
PROVIDENCE, R.I. 02903

POD Form 3811 June 1965

c55—16—71548-9

## 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. 891148 | 1 Manny Gostanian |
| INSURED NO. | 2 SIGNATURE OF ADDRESSEE'S AGENT, IF ANY |
| DATE DELIVERED | SHOW WHERE DELIVERED (*only if requested*) |

c55—16—71548-9 GPO

POST OFFICE DEPARTMENT

~~OFFICIAL BUSINESS~~

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

CAN DO!"

NAVY SEABEES

25TH ANNIVERSARY

POSTMARK OF DELIVERING OFFICE

PROVIDENCE R.I.
JUL 19 1971
ELMWOOD STA.

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

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DEPARTMENT OF CITY CLERK
CITY HALL

POST OFFICE, STATE, AND ZIP CODE

PROVIDENCE R.I. 02903

POD Form 3811 June 1966

**INSTRUCTIONS TO DELIVERING EMPLOYEE**

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*(Additional charges required for these services)*

**RECEIPT**

***Received the numbered article described below.***

REGISTERED NO.

CERTIFIED NO. 89147

INSURED NO.

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

1 City Clerk

SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

2 Becky Parrish

DATE DELIVERED 7/27/67

SHOW WHERE DELIVERED (*only if requested*)

James V. Hubband Est.

c55—16—71548-9 GPO

**VACANT**

POST OFFICE DEPARTMENT
OFFICIAL BUSINESS

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

POSTMARK OF DELIVERING OFFICE

JUL 21 1967

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DEPARTMENT OF CITY CLERK
CITY HALL

POST OFFICE, STATE, AND ZIP CODE

PROVIDENCE, R.I. 02903

POD Form 3811 June 1966

655—16—71549—9

## INSTRUCTIONS TO DELIVERING EMPLOYEE

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*(Additional charges required for these services)*

## RECEIPT

***Received the numbered article described below.***

REGISTERED NO.

CERTIFIED NO. 891146

INSURED NO. R.

DATE DELIVERED

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

1

SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

2

Joan Brennan

SHOW WHERE DELIVERED (*only if requested*)

PROVIDENCE, R.I. JUL 19 1967 ELMWOOD STA.

c55—16—71548-9 GPO

**POST OFFICE DEPARTMENT**
OFFICIAL BUSINESS

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

POSTMARK OF DELIVERING OFFICE

PROVIDENCE JUL 19 1961 R.I.

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DEPARTMENT OF CITY CLERK
~~CITY HALL~~

POST OFFICE, STATE, AND ZIP CODE

PROVIDENCE, R.I. 02903

POD Form 3811 June 1966

055—16—71548—9

**INSTRUCTIONS TO DELIVERING EMPLOYEE**

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*(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. | 1 891018 |
| INSURED NO. | 2 SIGNATURE OF ADDRESSEE'S AGENT, IF ANY Edward [illegible] |
| DATE DELIVERED 7-21-61 | SHOW WHERE DELIVERED (*only if requested*) |

891018

c55—16—71548-9 GPO

POST OFFICE DEPARTMENT
OFFICIAL BUSINESS

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

POSTMARK OF DELIVERING OFFICE

PROVIDENCE JUL 21 PM 1967 R.I.

ALWAYS USE ZIP CODE

PROVIDENCE R.I. JUL 21 1967

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DEPARTMENT OF CITY CLERK
CITY HALL

POST OFFICE, STATE, AND ZIP CODE

PROVIDENCE, R.I. 02903

POD Form 3811 June 1966

055—10—71548—9

**INSTRUCTIONS TO DELIVERING EMPLOYEE**

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*(Additional charges required for these services)*

**RECEIPT**

***Received the numbered article described below.***

GISTERED NO.

IFIED NO.

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

1 891017

SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

2 John W. Hoven

Joan Bleiman

TE DELIVERED

SHOW WHERE DELIVERED (*only if requested*)

ELMWOOD STA. PROVIDENCE, R.I. JUL 19 1967

891017

c55—16—71548-9 GPO

POST OFFICE DEPARTMENT
OFFICIAL BUSINESS

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

POSTMARK OF DELIVERING OFFICE

JUL 1 1969

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.*

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VINCENT VESPIA, CITY CLE
DEPARTMENT OF CITY CLERK

POST OFFICE, STATE, AND ZIP CODE

CITY HALL
PROVIDENCE, R.I. 02903

POD Form 3811 June 1966

c55—10—71548-9

**INSTRUCTIONS TO DELIVERING EMPLOYEE**

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*(Additional charges required for these services)*

**RECEIPT**

***Received the numbered article described below.***

REGISTERED NO.

/8910118/

CERTIFIED NO.

981018

INSURED NO.

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

891016

2 SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

NORMAN D. POTTER

DATE DELIVERED

SHOW WHERE DELIVERED (*only if requested*)

174 Hamilton Street

c55—16—71548-9 GPO

UNCLAIMED

**POST OFFICE DEPARTMENT**
**OFFICIAL BUSINESS**

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

POSTMARK OF DELIVERING OFFICE

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NAME OF SENDER

**From**

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VINCENT VESPIA, CITY CLER
DEPARTMENT OF CITY CLERK
CITY HALL

POST OFFICE, STATE, AND ZIP CODE

PROVIDENCE, R.I. 02903

POD Form 3811 June 1966 ·c55—16—71549-9

## 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.

CERTIFIED NO. 89 1084

INSURED NO.

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

1 [illegible]

2 SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

DELIVERED 8-1-67

SHOW WHERE DELIVERED (*only if requested*)

c55—16—71548-9 GPO

**POST OFFICE DEPARTMENT**
**OFFICIAL BUSINESS**

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

POSTMARK OF DELIVERING OFFICE

PROVIDENCE ELMWOOD STA. AUG 1 1967

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NAME OF SENDER

From

STREET AND NO. OR P.O. BOX

VINCENT VESPIA, CITY CLE
DEPARTMENT OF CITY CLERK

POST OFFICE, STATE, AND ZIP CODE

CITY HALL
PROVIDENCE, R.I. 02903

POD Form 3811 June 1966

o55—16—71548-9

## 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.

CERTIFIED NO. 891155

INSURED NO.

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

Edward Streker

(2) SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

DATE DELIVERED

SHOW WHERE DELIVERED (*only if requested*)

c55—16—71548-9 GPO

**POST OFFICE DEPARTMENT**
OFFICIAL BUSINESS

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

POSTMASTER OF DELIVERING OFFICE

JUL 20 1967
U.S.P.O.
PROVIDENCE, R. I.
ELMWOOD STA.

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TO

NAME OF SENDER

From

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VINCENT VESPIA, CITY CL
DEPARTMENT OF CITY CLER
CITY HALL

POST OFFICE, STATE, AND ZIP CODE

PROVIDENCE, R.I. 02903

POD Form 3811 June 1966 c55—16—71548-9

## INSTRUCTIONS TO DELIVERING EMPLOYEE

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*(Additional charges required for these services)*

## RECEIPT

***Received the numbered article described below.***

| | |
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| REGISTERED NO. 841092 | SIGNATURE OR NAME OF ADDRESSEE (*Must always be filled in*) |
| CERTIFIED NO. | 1 |
| INSURED NO. | 2 SIGNATURE OF ADDRESSEE'S AGENT, IF ANY |
| DATE DELIVERED | SHOW WHERE DELIVERED (*only if requested*) |

c55—16—71548-9 GPO

POST OFFICE DEPARTMENT
OFFICIAL BUSINESS

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

POSTMARK OF DELIVERING OFFICE

JUL 19 1967

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DEPARTMENT OF CITY CLERK

POST OFFICE, STATE, AND ZIP CODE

CITY HALL
PROVIDENCE, R.I. 02903

POD Form 3811 June 1966

055—16—71548-9

## INSTRUCTIONS TO DELIVERING EMPLOYEE

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*(Additional charges required for these services)*

## RECEIPT

***Received the numbered article described below.***

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

Eaden Rae

2 SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

SHOW WHERE DELIVERED (*only if requested*)

c55—16—71548-9 GPO

891C91

**POST OFFICE DEPARTMENT**
OFFICIAL BUSINESS

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

POSTMARK OF DELIVERING OFFICE

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CITY HALL

POST OFFICE, STATE, AND ZIP CODE

PROVIDENCE, R.I. 02903

POD Form 3

## INSTRUCTIONS TO DELIVERING EMPLOYEE

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*(Additional charges required for these services)*

## RECEIPT

***Received the numbered article described below.***

| | |
|---|---|
| REGISTERED NO. 89/090 | SIGNATURE OR NAME OF ADDRESSEE (*Must always be filled in*) |
| CERTIFIED NO. | 1 Thomas C Moran |
| INSURED NO. | 2 SIGNATURE OF ADDRESSEE'S AGENT, IF ANY |
| DATE DELIVERED 7-19-67 | SHOW WHERE DELIVERED (*only if requested*) |

o55—16—71548-9 GPO

**POST OFFICE DEPARTMENT**
OFFICIAL BUSINESS

PENALTY FOR PRIVATE USE TO AVOID
PAYMENT OF POSTAGE $300

POSTMARK OF
DELIVERING OFFICE

R. I. ELMWOOD STA
JUL 19 1967
USPO
PROVIDENCE

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~~VINCENT VESPIA, CITY~~ CLE
DEPARTMENT OF CITY CLERK
~~CITY HALL~~

POST OFFICE, STATE, AND ZIP CODE

PROVIDENCE, R.I. 02903

POD Form 3811 June 1965

e55—10—71548-9

## INSTRUCTIONS TO DELIVERING EMPLOYEE

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*(Additional charges required for these services)*

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| REGISTERED NO. 841059 | 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*) |

c55—16—71548-9 GPO

**POST OFFICE DEPARTMENT**
OFFICIAL BUSINESS

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

POSTMARK OF DELIVERING OFFICE

JUL 19 1991

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

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~~VINCENT VESPIA, CITY CLE~~
DEPARTMENT OF CITY CLERK
~~CITY HALL~~

POST OFFICE, STATE, AND ZIP CODE

PROVIDENCE, R.I. 02903

POD Form 3811 June 1966

o55—16—71648-9

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## RECEIPT

***Received the numbered article described below.***

REGISTERED NO. 8910 88

CERTIFIED NO.

INSURED NO.

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

1

SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

2

DATE DELIVERED

SHOW WHERE DELIVERED (*only if requested*)

c55—16—71548-9 GPO

**POST OFFICE DEPARTMENT**
OFFICIAL BUSINESS

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

POSTMARK OF DELIVERING OFFICE

PROVIDENCE, R.I. STA.
JUL 19 1
1987

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.*

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From

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DEPARTMENT OF CITY CLERK

POST OFFICE, STATE, AND ZIP CODE

CITY HALL
PROVIDENCE, R.I. 02903

POD Form 3811 June 1966

055—10—71548-9

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*(Additional charges required for these services)*

## RECEIPT

*Receiv[illegible] numbered article described below.*

REGISTERED NO.

CERTIFIED NO.

INSURED NO.

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

X Mary Harmon

SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

[illegible] DELIVERED

SHOW WHERE DELIVERED (*only if requested*)

891 087

[illegible]-10-[illegible]-0 GPO

**POST OFFICE DEPARTMENT**
**OFFICIAL BUSINESS**

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

ALWAYS USE ZIP CODE

POSTMARK OF DELIVERING OFFICE

JUL 21 1967

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CITY HALL

POST OFFICE, STATE, AND ZIP CODE

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REGISTERED NO.

CERTIFIED NO. 89/086

INSURED NO.

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

1 Omer Savard

2 SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

DATE DELIVERED

JUL 19 1967

SHOW WHERE DELIVERED (*only if requested*)

c55—16—71548-9 GPO

**POST OFFICE DEPARTMENT**
OFFICIAL BUSINESS

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

POSTMARK OF DELIVERING OFFICE

JUL 19

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DEPARTMENT OF CITY CLERK

POST OFFICE, STATE, AND ZIP CODE

CITY HALL
PROVIDENCE, R.I. 02903

POD Form 3811 June 1966

c55—16—71548-9

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*(Additional charges required for these services)*

## RECEIPT

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|---|---|
| REGISTERED NO. | SIGNATURE OR NAME OF ADDRESSEE (*Must always be filled in*) |
| CERTIFIED NO. 89108 | 1 Richard H Chambers |
| INSURED NO. | 2 SIGNATURE OF ADDRESSEE'S AGENT, IF ANY |
| DATE DELIVERED 7-18-67 | SHOW WHERE DELIVERED (*only if requested*) |

c55—16—71548-9 GPO

**POST OFFICE DEPARTMENT**
**OFFICIAL BUSINESS**

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

POSTMARK OF DELIVERING OFFICE

PROVIDENCE, R.I. ELMWOOD STA.
JUL 19 1967

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## RECEIPT

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|---|---|
| REGISTERED NO. | SIGNATURE OR NAME OF ADDRESSEE (*Must always be filled in*) |
| CERTIFIED NO. 891154 | 1 Samuel Bernstein |
| INSURED NO. | 2 SIGNATURE OF ADDRESSEE'S AGENT, IF ANY |
| DATE DELIVERED 7/20 | SHOW WHERE DELIVERED (*only if requested*) |

c55—16—71548-9 GPO

**POST OFFICE DEPARTMENT**
**OFFICIAL BUSINESS**

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

POSTMARK OF DELIVERING OFFICE

PROVIDENCE, R.I. JUL 29 PM 1967 EAST SIDE STA.

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DEPARTMENT OF CITY CLERK
CITY HALL

POST OFFICE, STATE, AND ZIP CODE

PROVIDENCE, R.I. 02903

POD Form 3811 June 1966

c55—16—71549-9

PETITION OF WOLOOHOJIAN REALTY CORP. FOR CHANGE IN ZONING - NORTHERLY SIDE OF ADELAIDE AVENUE.

Plat 52

Lot 28 - Woloohojian Realty Co.
207 Atlantic Avenue

29 - Edward T. Strecker
108 Adelaide Avenue

40 - Anna & Katherine McKivergan
103 Adelaide Avenue

89 - Esther Redfern
97 Lenox Avenue

112 - Thomas C. Moran & wf Virginia
170 Hamilton Street

119 - John E. Fitzgerald & wf Barbara
125 Adelaide Avenue

125 - Ara Shiragian & wf Arpie
206 Armington Street
Cranston, Rhode Island

129 - Norris Hannon & wf May
107 Atlantic Avenue

130 - Omer Savard & wf Louise
103 Atlantic Avenue

131 - Richard & Barbara Chambers
97 Atlantic Avenue

169 - Samuel Bernstein
45 Homer Street

174 - Bessie Donovan
178 Hamilton Street

197 - Richard Chamber & wf Barbara
97 Atlantic Avenue

212 - Woloohojian Realty Co.

213 - Donald G. Picard & wf Margaret
132 Adelaide Avenue

215 - Zabel Nahigian
133 Lenox Avenue

343 - Daniel A. Fain & wf Ruth
126 Atlantic Avenue

344 - John J. Rymill
177 Hamilton Street

345 - Manoog Gostanian & wf Vartanoosh
195 Melrose Street

134 - James V. Hubbard Est. Et Als
92 Atlantic Avenue

135 - Charles E. Brennan & wf Joan
98 Atlantic Avenue

136 - Aristide Capobianco & wf Lydia
40 Wesleyan Avenue

137 - John McGovern & wf Helen
110 Atlantic Avenue

138 - Norman D. Potter & wf Violet
174 Hamilton Street

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

VINCENT VESPIA, CITY CLERK

Not called for

RETURNED TO SENDER

REASON CHECKED
Unclaimed ____ Refused ____
Addressee unknown ____
Insufficient Address ____
No such street ____ number ____
No such office in state ____
Do not remail in this envelope

RETURN RECEIPT REQUESTED

Bessie Donovan
178 Hamilton Street
Providence, Rhode Island

UNCLAIMED

CERTIFIED MAIL

PROVIDENCE R.I. JY 18 AM 967

PROVIDENCE R.I. JUL 17'67

U.S. POSTAGE 45¢ P.D. 392606

NOTIFIED

Notified 7/18/67 R

12/8-4

CERTIFIED MAIL No. 891153

FILED

AUG 7 9 50 AM '97

DEPT. OF CITY CLERK
PROVIDENCE, R.I.

PROVIDENCE, R.I.
AG 4 PM

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

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7/18-4

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.

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. (DST), 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 Collis Street.

PETITION OF MOLOCHOLIAN REALTY CORP. to change from an R-2 Two Family Zone to an R-4 Multiple Dwelling Zone, Lots 28 and 156, 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. CIOCCI 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 Butler Avenues.

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By order of the Committee on Ordinances.

Councilman Anthony B. Solazzetta, Chairman.

Vincent Vespia, City Clerk.

July 14, 1967.

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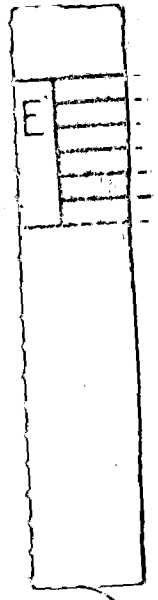

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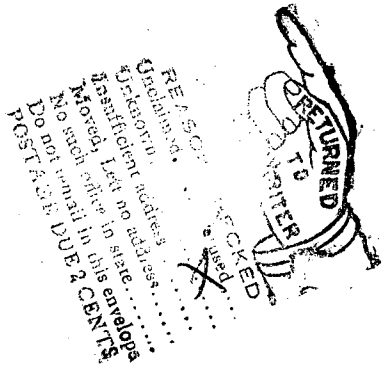


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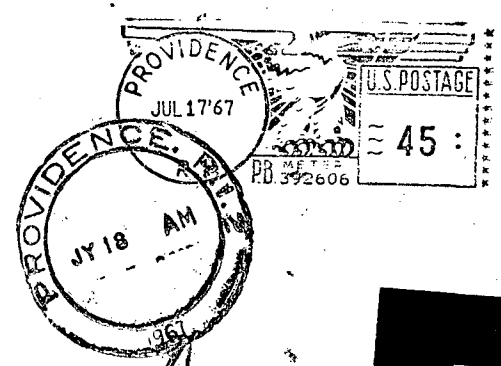


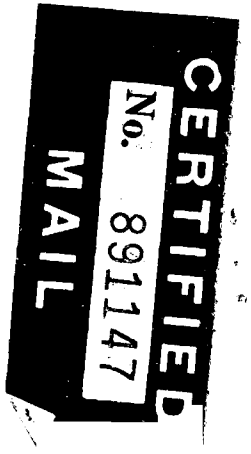

CITY OF PROVIDENCE

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.

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 24, 1957, at 2:00 o'clock P.M. (D.S.T.), at which time and place following Petitions in amendment to Section [illegible] of the Ordinances of the City of Providence, approved September 22, 1931, as heretofore amended, will be considered

---

PETITION OF ANTONIO GERMA 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 Cello Street.

PETITION OF WOONSOCKETTAN 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 630-632 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 590 on Assessor's Plat 59; said lot being situated on the northerly side of Adelaide Avenue.

~~PETITION OF MENWAY REALTY, INC., to change from an R-2 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 Butler Avenues.

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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. Salzarella, Chairman.

Vincent Vespia, City Clerk.

July 14, 1957.

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

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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.

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By Order of the Committee on Ordinances.

Councilman Anthony B. Sciarretta, Chairman.

Vincent Vespia, City Clerk.

July 14, 1967.

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1 Edith B Allen

Edith B. Allen& Dwight All

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2

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| CERTIFIED NO. | 1 Edna P. Allen |
| INSURED NO. | 2 SIGNATURE OF ADDRESSEE'S AGENT, IF ANY |
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1 CHURCH OF OUR LADY OF

SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

2 CHARITY

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INSURED NO.

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

1 Salvatore Di Lecce

SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

2

DATE DELIVERED 7-19-67

SHOW WHERE DELIVERED (*only if requested*)

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1 Bernard Guglielmi

SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

2 Maria Guglielmi

DATE DELIVERED 7-19-67

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| CERTIFIED NO. 891043 | 1 J. Flemming |
| INSURED NO. | 2 SIGNATURE OF ADDRESSEE'S AGENT, IF ANY |
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1 Theresa Rocchio

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2

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SHOW WHERE DELIVERED (*only if requested*)

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Maria Angelica

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

1 Phyllis E. Colahica

SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

2

DATE DELIVERED 7-25-67

SHOW WHERE DELIVERED (*only if requested*)

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**POST OFFICE DEPARTMENT**
**OFFICIAL BUSINESS**

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

POSTMARK OF DELIVERING OFFICE

JUL 25 1967

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 CLE
DEPARTMENT OF CITY CLERK

POST OFFICE, STATE, AND ZIP CODE

CITY HALL
PROVIDENCE, R.I. 02903

POD Form 3811 June 1966

055—16—71548-9

## 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. 891115 | 1 J. P. Bortelle |
| INSURED NO. | 2 SIGNATURE OF ADDRESSEE'S AGENT, IF ANY |
| DATE DELIVERED 7-18-67 | SHOW WHERE DELIVERED (*only if requested*) |

o55—16—71548-9 GPO

**POST OFFICE DEPARTMENT**
OFFICIAL BUSINESS

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

POSTMARK OF DELIVERING OFFICE

JUL 19 1967
PROVIDENCE R.I.

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~~

POST OFFICE, STATE, AND ZIP CODE

PROVIDENCE, R.I. 02903

POD Form 3811 June 1966

c55—16—71545-9

**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. 89116

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

Miss J. Fain

SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

DATE DELIVERED 7/19/67

SHOW WHERE DELIVERED (*only if requested*)

c55—16—71548-9 GPO

POST OFFICE DEPARTMENT
OFFICIAL BUSINESS

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

POSTMARK OF DELIVERING OFFICE

PROVIDENCE, R.I.
BOSTON
OCT 13 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.*

RETURN TO

NAME OF SENDER

From

STREET AND NO. OR P.O. BOX

VINCENT VESPIA, CITY CLE.
DEPARTMENT OF CITY CLERK
CITY HALL

POST OFFICE, STATE, AND ZIP CODE

PROVIDENCE, R.I. 02903

POD Form 3811 June 1966

655—10—71548-9

## 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.

CERTIFIED NO. 89111 7

INSURED NO.

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

1 Alfred Carpenter

SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

2 Ellen Carpenter

DATE DELIVERED 7/19/67

SHOW WHERE DELIVERED (*only if requested*)

o55—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~~

POST OFFICE, STATE, AND ZIP CODE

PROVIDENCE, R.I. 02903

POD Form 3811 June 1966

c55—16—71548-9

## 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.

CERTIFIED NO.

INSURED NO.

DATE DELIVERED

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

1 89101A5

SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

2 X Lenard Jewett

SHOW WHERE DELIVERED (*only if requested*)

Murray Jewett

U.S. POSTAGE 1967 JUL 24

055—16—71548-9 GPO

89101.5

**POST OFFICE DEPARTMENT**
OFFICIAL BUSINESS

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

POSTMARK OF DELIVERING OFFICE

JUL 24 1967

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 CLEI
DEPARTMENT OF CITY CLERK

POST OFFICE, STATE, AND ZIP CODE — CITY HALL
PROVIDENCE, R.I. 02903

POD Form 3811 June 1966 c55—10—71543-9

## 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. 891110 | 1 |
| INSURED NO. | 2 SIGNATURE OF ADDRESSEE'S AGENT, IF ANY |
| DATE DELIVERED | SHOW WHERE DELIVERED (*only if requested*) |

c55—16—7154S-9 GPO

POST OFFICE DEPARTMENT
OFFICIAL BUSINESS

PROVIDENCE JUL 19 1967 R.I.

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

ZIP CODE

POSTMARK OF DELIVERING OFFICE

PROVIDENCE JUL 19 1967

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 655—16—71548-9

## 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.

CERTIFIED NO. 891106

INSURED NO.

DATE DELIVERED

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

1

2

SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

SHOW WHERE DELIVERED (*only if requested*)

o55—16—71548-9 GPO

**POST OFFICE DEPARTMENT**
**OFFICIAL BUSINESS**

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

PROVIDENCE JUL 19 PM 1967 R.I.

"CAN DO" NAVY SEABEES 25TH ANNIVERSARY

POSTMARK OF DELIVERING OFFICE

JUL 19 1967

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

POST OFFICE, STATE, AND ZIP CODE

PROVIDENCE, R.I. 02903

POD Form 3811 June 1966

c55—16—71548—9

## 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.

CERTIFIED NO. 891111

INSURED NO.

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

1 Frederick H Miller

SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

2 - MILLS

DATE DELIVERED 7-26-67

SHOW WHERE DELIVERED (*only if requested*)

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 CLER~~
DEPARTMENT OF CITY CLERK
~~CITY HALL~~

POST OFFICE, STATE, AND ZIP CODE

PROVIDENCE, R.I. 02903

POD Form 3811 June 1966

e55—16—71543-9

## 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.

CERTIFIED NO. 891107

INSURED NO.

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

1 [illegible]

SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

2

DATE DELIVERED 7/20/07

SHOW WHERE DELIVERED (*only if requested*)

c55—16—71548-9 GPO

POST OFFICE DEPARTMENT
OFFICIAL BUSINESS

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

POSTMARK OR DELIVERING OFFICE

# MAIL

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 CLE
DEPARTMENT OF CITY CLERK

POST OFFICE, STATE, AND ZIP CODE

CITY HALL
PROVIDENCE, R.I. 02903

POD Form 3811 June 1966

c55—16—71548-9

## 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. 891108 | ① Salvatore Lovero |
| INSURED NO. | ② SIGNATURE OF ADDRESSEE'S AGENT, IF ANY |
| DATE DELIVERED | SHOW WHERE DELIVERED (*only if requested*) |

o55—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
Vincent Vespia, City Clerk

STREET AND NO. OR P.O. BOX
City Hall, Providence

POST OFFICE, STATE, AND ZIP CODE
Rhode Island 02903

25TH ANNIVERSARY
NAVY SEABEES
CAMP DUDLEY

PROVIDENCE
JUL 19
P.M.
1967
R.I.

POD Form 3811 June 1966

055—16—71548-9

## 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

***Receive the numbered article described below.***

| | |
|---|---|
| REGISTERED NO. | SIGNATURE OR NAME OF ADDRESSEE (*Must always be filled in*) |
| CERTIFIED NO. 891109 | 1 Martha J. McCormick |
| INSURED NO. | 2 SIGNATURE OF ADDRESSEE'S AGENT, IF ANY |
| DATE DELIVERED | SHOW WHERE DELIVERED (*only if requested*) |

c55—16—71548-9 GPO

POST OFFICE DEPARTMENT
OFFICIAL BUSINESS

PROVIDENCE
JUL 19
1967
R.I.

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

CAN DO!
NAVY SEABEES
25TH ANNIVERSARY

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

c55—16—71548-9

## 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. 891112 | 1 Mrs. John Bossan |
| INSURED NO. | 2 SIGNATURE OF ADDRESSEE'S AGENT, IF ANY |
| DATE DELIVERED | SHOW WHERE DELIVERED (*only if requested*) |

c55—16—71548-9 GPO

POST OFFICE DEPARTMENT
OFFICIAL BUSINESS

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

PROVIDENCE
JUL 19
M
1967
R.I.

POSTMARK OF
DELIVERING OFFICE

OAN BOOK
NAVY SEABEES
125TH ANNIVERSARY

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 CLER~~
DEPARTMENT OF CITY CLERK
~~CITY HALL~~

POST OFFICE, STATE, AND ZIP CODE

PROVIDENCE, R.I. 02903

POD Form 3811 June 1966

055—16—71548-9

## 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. 891113 | ❶ |
| INSURED NO. | ❷ SIGNATURE OF ADDRESSEE'S AGENT, IF ANY X Mrs. W. N. Bagley |
| DATE DELIVERED 7/20/67 | SHOW WHERE DELIVERED (*only if requested*) |

JUL 20

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

VINCENT VESPIA, CITY CLER

STREET AND NO. OR P.O. BOX

DEPARTMENT OF CITY CLERK
CITY HALL

POST OFFICE, STATE, AND ZIP CODE

PROVIDENCE, R.I. 02903

POD Form 3811 June 1966

055—16—71548-9

## 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.

CERTIFIED NO. 891114

INSURED NO.

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

1 John Ducato

2 SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

DATE DELIVERED JUL 19 1967

SHOW WHERE DELIVERED (*only if requested*)

c55—16—71548-9 GPO

POST OFFICE DEPARTMENT
OFFICIAL BUSINESS

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

DO!"
SEABEES
ANNIVERSARY

POSTMARK OF DELIVERING OFFICE

PROVIDENCE, R. I.
JUL 19
U.S.A.

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~~

POST OFFICE, STATE, AND ZIP CODE

PROVIDENCE, R.I. 02903

POD Form 3811 June 1966

No. 891115

**RECEIPT FOR CERTIFIED MAIL—30¢**

| SENT TO | POSTMARK OR DATE |
|---|---|
| Myron Bourelle & Mayone | |
| STREET AND NO. 61 Woodmont Street | |
| P. O., STATE, AND ZIP CODE Cranston, R. I. | |

EXTRA SERVICES FOR ADDITIONAL FEES

| Return Receipt: *Shows to whom and date delivered* | Return Receipt: *Shows to whom, date, and where delivered* | *Deliver to Addressee Only* |
|---|---|---|
| ☐ *10¢ fee* | ☐ *35¢ fee* | ☐ *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 | OPTIONAL SERVICES |
|---|---|
| Certified fee—30¢ | Return receipt (10¢ or 35¢) |
| Postage (first-class or airmail) | 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.

☆ GPO : 1966—O-206-525

No. 891116

**RECEIPT FOR CERTIFIED MAIL—30¢**

| | |
|---|---|
| SENT TO<br>Irving J. Fain | POSTMARK OR DATE |
| STREET AND NO.<br>400 Laurel Avenue | |
| P.O., STATE, AND ZIP CODE<br>Providence, R.I. | |
| EXTRA SERVICES FOR ADDITIONAL FEES<br>Return Receipt<br>*Shows to whom and date delivered* ☐ *10¢ fee*<br>*Shows to whom, date, and where delivered* ☐ *35¢ fee*<br>*Deliver to Addressee Only* ☐ *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 | OPTIONAL SERVICES |
|---|---|
| Certified fee—30¢ | Return receipt (10¢ or 35¢) |
| Postage (first-class or airmail) | 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.

☆ GPO : 1966—O-206-525

No. 891117

## RECEIPT FOR CERTIFIED MAIL—30¢

SENT TO
Alfred Carpenato

STREET AND NO.
360 Sunset Avenue

P. O., STATE, AND ZIP CODE
North Providence, R.I.

POSTMARK OR DATE

EXTRA SERVICES FOR ADDITIONAL FEES

Return Receipt

| Shows to whom and date delivered | Shows to whom, date, and where delivered | Deliver to Addressee Only |
|---|---|---|
| ☐ 10¢ fee | ☐ 35¢ fee | ☐ 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 | OPTIONAL SERVICES |
|---|---|
| Certified fee—30¢ | Return receipt (10¢ or 35¢) |
| Postage (first-class or airmail) | 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.

☆ GPO : 1966—O-206-525

No. 891015

**RECEIPT FOR CERTIFIED MAIL—30¢**

| SENT TO | POSTMARK OR DATE |
|---|---|
| Rachel Jewett & Leonard J. Jewett | |
| STREET AND NO. 135 Adelaide Avenue | |
| P. O., STATE, AND ZIP CODE Providence, R.I. | |

EXTRA SERVICES FOR ADDITIONAL FEES

| Return Receipt: Shows to whom and date delivered | Return Receipt: Shows to whom, date, and where delivered | Deliver to Addressee Only |
|---|---|---|
| ☐ 10¢ fee | ☐ 35¢ fee | ☐ 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)*
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.

☆ GPO : 1966—O-206-525

No. 891110

**RECEIPT FOR CERTIFIED MAIL—30¢**

| SENT TO | POSTMARK OR DATE |
|---|---|
| Stephen J. Doyle, Jr. & Majorie | |
| STREET AND NO. | |
| 56 Atlantic Avenue | |
| P. O., STATE, AND ZIP CODE | |
| Providence, R. 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* | |
| ☐ *10¢ fee* | ☐ *35¢ fee* | ☐ *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 | OPTIONAL SERVICES |
|---|---|
| Certified fee—30¢ | Return receipt (10¢ or 35¢) |
| Postage (first-class or airmail) | 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.

☆ GPO : 1966—O-206-525

No. 891106

## RECEIPT FOR CERTIFIED MAIL—30¢

SENT TO
Regina Duffy

STREET AND NO.
98 Adelaide Avenue

P. O., STATE, AND ZIP CODE
Providence, R. I.

POSTMARK OR DATE

EXTRA SERVICES FOR ADDITIONAL FEES

**Return Receipt**

*Shows to whom and date delivered* ☐ *10¢ fee*

*Shows to whom, date, and where delivered* ☐ *35¢ fee*

*Deliver to Addressee Only* ☐ *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 | OPTIONAL SERVICES |
|---|---|
| Certified fee—30¢ | Return receipt (10¢ or 35¢) |
| Postage (first-class or airmail) | 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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6. Save this receipt and present it if you make inquiry.

☆ GPO : 1966—O-206-525

No. 891111

## RECEIPT FOR CERTIFIED MAIL—30¢

SENT TO
Frederick Mills & Adeline

STREET AND NO.
RFD Route 2

P. O., STATE, AND ZIP CODE
Putnam, Connecticut

POSTMARK OR DATE

EXTRA SERVICES FOR ADDITIONAL FEES

**Return Receipt**

*Shows to whom and date delivered* ☐ *10¢ fee*

*Shows to whom, date, and where delivered* ☐ *35¢ fee*

*Deliver to Addressee Only* ☐ *50¢ fee*

POD Form 3800
Mar. 1966

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

*(See other side)*

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

☆ GPO : 1966—O-206-525

No. 891107

## RECEIPT FOR CERTIFIED MAIL—30¢

SENT TO
Vito Campo & Wife Barbara

STREET AND NO.
104 Adelaide Avenue

P. O., STATE, AND ZIP CODE
Providence, R. I.

POSTMARK OR DATE

EXTRA SERVICES FOR ADDITIONAL FEES

**Return Receipt**

*Shows to whom and date delivered* ☐ *10¢ fee*

*Shows to whom, date, and where delivered* ☐ *35¢ fee*

*Deliver to Addressee Only* ☐ *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 | OPTIONAL SERVICES |
|---|---|
| Certified fee—30¢ | Return receipt (10¢ or 35¢) |
| Postage (first-class or airmail) | Deliver to addressee only—50¢ |
| | Special delivery |

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

☆ GPO : 1966—O-206-525

No. 891108

**RECEIPT FOR CERTIFIED MAIL—30¢**

SENT TO
Salvatore Lo Verde & Hope

STREET AND NO.
121 Lenox Avenue

P. O., STATE, AND ZIP CODE
Providence, R. I.

POSTMARK OR DATE

EXTRA SERVICES FOR ADDITIONAL FEES

**Return Receipt**

*Shows to whom and date delivered* ☐ *10¢ fee*

*Shows to whom, date, and where delivered* ☐ *35¢ fee*

*Deliver to Addressee Only* ☐ *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:

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|---|---|
| Certified fee—30¢ | Return receipt (10¢ or 35¢) |
| Postage (first-class or airmail) | Deliver to addressee only—50¢ |
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6. Save this receipt and present it if you make inquiry.

☆ GPO : 1966—O-206-525

No. 891109

**RECEIPT FOR CERTIFIED MAIL—30¢**

| | |
|---|---|
| SENT TO<br>Mary E. McCormick & Raymond Phelan | POSTMARK OR DATE |
| STREET AND NO.<br>111 Senot Avenue | |
| P. O., STATE, AND ZIP CODE<br>Providence, R. I. | |
| EXTRA SERVICES FOR ADDITIONAL FEES<br>**Return Receipt**<br>*Shows to whom and date delivered* ☐ *10¢ fee*<br>*Shows to whom, date, and where delivered* ☐ *35¢ fee*<br>*Deliver to Addressee Only* ☐ *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 | OPTIONAL SERVICES |
|---|---|
| Certified fee—30¢ | Return receipt (10¢ or 35¢) |
| Postage (first-class or airmail) | Deliver to addressee only—50¢ |
| | Special delivery |

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

☆ GPO : 1966—O-206-525

No. 891112

**RECEIPT FOR CERTIFIED MAIL—30¢**

SENT TO
John L. Bosson & Wf Moore

STREET AND NO.
107 Senox Avenue

P. O., STATE, AND ZIP CODE
Providence, R. I.

POSTMARK OR DATE

EXTRA SERVICES FOR ADDITIONAL FEES

**Return Receipt**

*Shows to whom and date delivered* ☐ *10¢ fee*

*Shows to whom, date, and where delivered* ☐ *35¢ fee*

*Deliver to Addressee Only* ☐ *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 | OPTIONAL SERVICES |
|---|---|
| Certified fee—30¢ | Return receipt (10¢ or 35¢) |
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6. Save this receipt and present it if you make inquiry.

☆ GPO : 1966—O-206-525

No. 891113

## RECEIPT FOR CERTIFIED MAIL—30¢

SENT TO
James E. Bayley

STREET AND NO.
29 Hugh Street

P. O., STATE, AND ZIP CODE
West Hartford, Conn.

POSTMARK OR DATE

EXTRA SERVICES FOR ADDITIONAL FEES

Return Receipt

| Shows to whom and date delivered | Shows to whom, date, and where delivered | Deliver to Addressee Only |
|---|---|---|
| ☐ 10¢ fee | ☐ 35¢ fee | ☐ 50¢ fee |

POD Form 3800
Mar. 1968

NO INSURANCE COVERAGE PROVIDED—
NOT FOR INTERNATIONAL MAIL

(See other side)

1. Stick postage stamps to your article to pay:

| BASIC CHARGES | OPTIONAL SERVICES |
|---|---|
| Certified fee—30¢ | Return receipt (10¢ or 35¢) |
| Postage (first-class or airmail) | 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.

☆ GPO : 1966—O-206-525

No. 891114

**RECEIPT FOR CERTIFIED MAIL—30¢**

SENT TO
John Quinto & wf Celestina

STREET AND NO.
122 Atlantic Avenue

P. O., STATE, AND ZIP CODE
Providence, R.I.

POSTMARK OR DATE

EXTRA SERVICES FOR ADDITIONAL FEES

| Return Receipt | | Deliver to Addressee Only |
|---|---|---|
| *Shows to whom and date delivered* | *Shows to whom, date, and where delivered* | |
| ☐ *10¢ fee* | ☐ *35¢ fee* | ☐ *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 | OPTIONAL SERVICES |
|---|---|
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6. Save this receipt and present it if you make inquiry.

☆ GPO : 1966—O-206-525

Plat 52

Lot 147 - Myron Boutelle & wf Marjorie
61 Woodmont Street
Cranston, Rhode Island

148 - Irving J. Fain
400 Laurel Avenue

153 - Alfred Carpionato
360 Sunset Avenue
North Providence

166 - Woloohojian Realty Co.
207 Atlantic Avenue

346 - Rachel Jewett & Leonard Y. Jewett
135 Adelaide Avenue

356 - Stephen J. Doyle, Jr., & wf Marjorie
86 Atlantic Avenue

378 - Regina Duffy
98 Adelaide Avenue

372 - Frederick Mills & Adeline Mills
R F D Route 2
Putnam, Conn.

380 - Vito Campo & wf Barbara
104 Adelaide Avenue

382 - Salvatore LoVerde & wf Hope
121 Lenox Avenue

383 - Mary E. McCormick & Raymond Phillips
111 Lenox Avenue

384 - Same as 383

385 - John L. Bossian & wf Marie
107 Lenox Avenue

455 - James E. Bagley
29 Hugh Street
West Hartford, Conn.

544 - John Quorto & wf Celestina
122 Atlantic Avenue

Councilman Edward S. Goldin

Councilman Raymond J. Devitt, Jr.

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. 1629 - ZONING CHANGE ON THE NORTHERLY SIDE OF ADELAIDE 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-2 Two-Family Zone to an R-4 Multiple Dwelling Zone Lots 28 and 166 on Assessor's Plat 52 located on the northerly side of Adelaide Avenue.

On an inspection and photographic survey it was determined that the lots contained a two-story masonry building used for an apartment house and was in excellent condition. The surrounding area is in very good condition.

Adelaide Avenue carries a substantial volume of cross-town traffic which is impeded by on-street parking caused by insufficient off-street parking for the existing residential uses. To make these two lots R-4 would be a clear case of spot zoning in which gradual elimination should be encouraged rather than continued, and in this light

The Commission

VOTED: To recommend that this petition be denied.

Very truly yours,

Vincent Pallozzi
Director

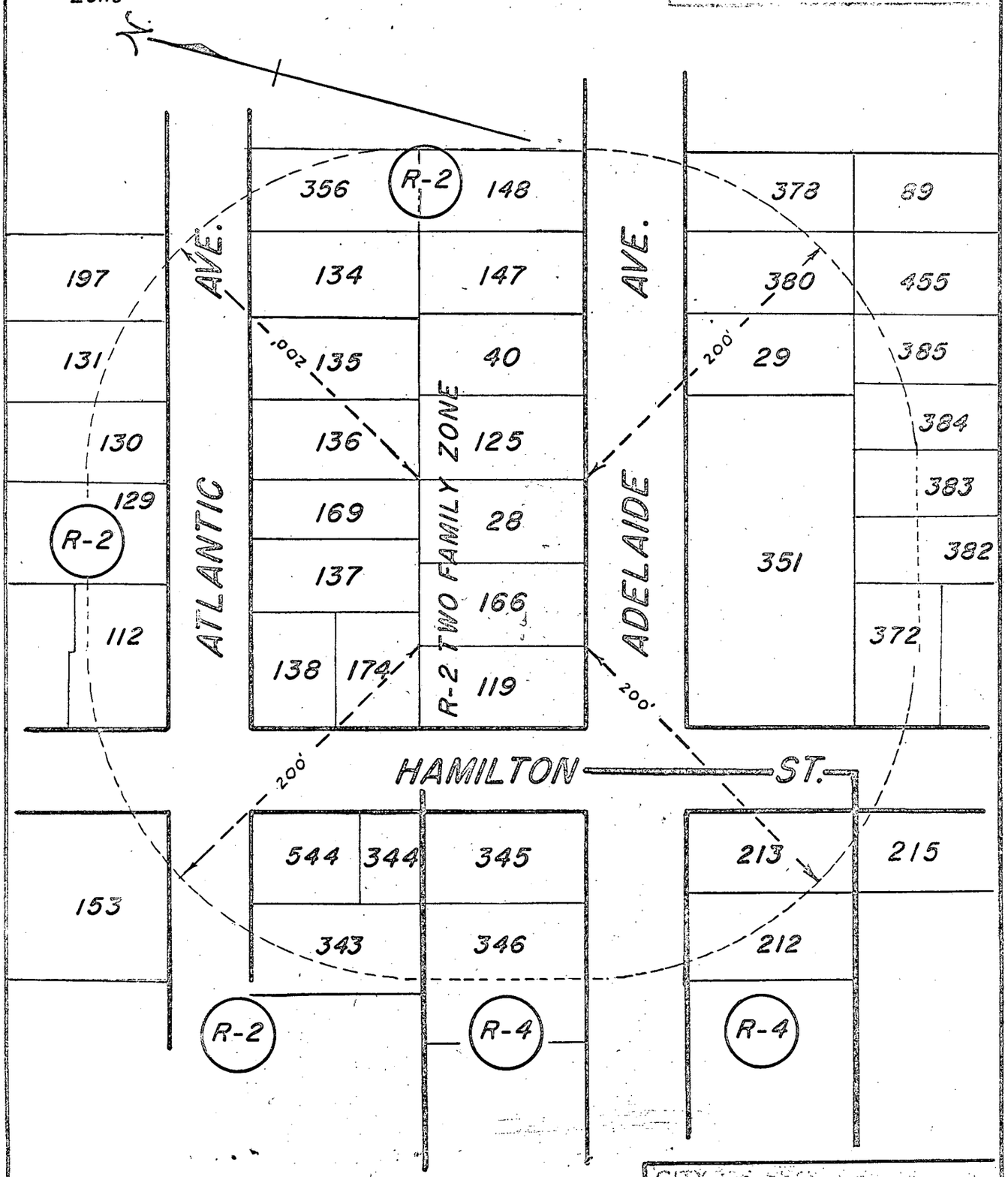
VP:MMH

c.c. Councilman Edward S. Goldin
Councilman Raymond J. Devitt, Jr.

ZONING CHANGE NO.

Shaded Area To Be Changed
From An R-2 Two Family Zone
To An R-4 Multiple Dwelling
Zone

PROVIDENCE, R.I.
P. W. DEPT. - ENGINEERING OFFICE
CITY PROPERTY SECTION
Plan No. .....
Date June 21, 1967




Assessor's Plat 52

CITY OF PROVIDENCE
Public Works Dept. - Engineering
Showing Zoning Change No. .....
Drawn by L. D'Abate Checked by E.A.K.
Scale 1" = 80' Date June 21, 1967
Correct F. P. Reid
Approved Robert B. Strang