

The City of Providence

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

CHAPTER 54-15

No. 110 AN ORDINANCE AMENDING CHAPTER 544 OF 1951, BY CHANGING FROM AN R-3 GENERAL RESIDENCE ZONE TO A C-2 GENERAL COMMERCIAL ZONE, LOTS 237, 238, 239, 240, 241, 242, 243, 244, 406, 405, 404, 403 and 402, 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.

Approved September 6, 1968

Be it ordained by the City of Providence:

SECTION 1. The Zoning Map accompanying and made a part of Chapter 544 of the Ordinances of the City of Providence, approved September 21, 1951, as heretofore amended, and entitled "An Ordinance Zoning the City of Providence and Establishing Use, Height and Area Regulations", is hereby further amended by changing from an R-3 General Residence Zone to a C-2 General Commercial Zone, Lots 237, 238, 239, 240, 241, 242, 243, 244, 406, 405, 404, 403 and 402, 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, bounded and described as follows:

Beginning at a point on the northerly line of Pitman Street at the southeasterly corner of Lot 237 on Assessor's Plat 15; thence westerly along the northerly line of Pitman Street to the southwesterly corner of Lot 402; thence northerly along the easterly line of Lot 401 to the northwesterly corner of Lot 402; thence easterly along the southerly lines of Lots 399, 398, 397, 396, and 395 to the northeasterly corner of Lot 406; thence northerly along the easterly line of Lot 394 to the northwesterly corner of Lot 244; thence easterly along the southerly lines of Lots 245, 247, 248, 250 and 235 to the northeasterly corner of Lot 237; thence southerly along the westerly lines of Lots 235 and 236 to the northerly line of Pitman Street at the southeasterly corner of Lot 237 and the point and place of beginning.

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

IN CITY
COUNCIL

AUG 15 1968

FIRST READING
READ AND PASSED

Winnant Casper
CLERK

APPROVED

SEP 6 1968

Joseph H. Dooly

IN CITY
COUNCIL

SEP 5 - 1968

FINAL READING
READ AND PASSED

Russell J. Boyle
PRESIDENT

Winnant Casper
CLERK

No.

CHAPTER
AN ORDINANCE

THE COMMITTEE ON
ORDINANCES

Approves Passage of
The Within Ordinance

Warrant Coyle
8-7-68 Chairman

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 amend the zoning map which is part of the zoning ordinance, by changing from an R-3 General Residence Zone, to a C-2 General Commercial Zone, those lots situated on the northerly side of Pitman Street and bounded by Wayland Avenue and Butler Avenue. These lots are designated in the office of the Tax Assessor in the City of Providence as lots 237, 238, 239, 240, 241, 242, 243, 244, 406, 405, 404, 403, 402 in Plat 15.

MEDWAY REALTY, INC.
158 Medway Street
Providence, Rhode Island

Deane C. Vian
President

*Paid: Medway Realty, Inc.
Check No. 25*

5354 \$ 25.00 MSB

OCT 18

FILED

OCT 18 10 50 AM '65

DEPT. OF CITY CLERK
PROVIDENCE, R.I.

IN CITY COUNCIL

OCT 21 1965

FIRST READING
REFERRED TO COMMITTEE ON
ORDINANCES

Winnat Llopis, CLERK

THE COMMITTEE ON ORDINANCES

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Recommendations
Continued - Public Hearing

12-17-65

Clerk

THE COMMITTEE ON ORDINANCES

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Recommendations
Reagle

AUG 7 1968

Clerk

THE COMMITTEE ON ORDINANCES

.....
Recommendations
Daniel and suspended in Committee

3-34-66

Clerk

THE COMMITTEE ON

.....
Recommendations
Be Continued
Winnat Llopis
11-22-67
Clerk

THE COMMITTEE ON

.....
Recommendations
Be Continued
Winnat Llopis
6-8-67
Clerk

THE COMMITTEE ON ORDINANCES

.....
Recommendations
Postponement

NOV 23 1966

Chairman

From the Clerk's Desk



City Plan Commission

EDWARD WINSOR, *Chairman*
ALBERT BUSH-BROWN EDWARD J. COSTELLO

JOSEPH A. DOORLEY, JR., *Mayor*
RAYMOND J. NOTTAGE, *Secretary*

HARRY PINKERSON, *Vice Chairman*
ROBERT J. HAXTON, JR. LOUIS A. MASCIA

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. 1511 - ZONING CHANGE ON THE NORTHERLY SIDE OF PITMAN STREET

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 Lots 237, 238, 239, 240, 241, 242, 243, 244, 406, 405, 404, 403 and 402 as set out and delineated on City Assessor's Plat 15 from an R-3 General Residence Zone to a C-2 General Commercial Zone. These lots are located between Wayland and Butler Avenues on the northerly side of Pitman Street.

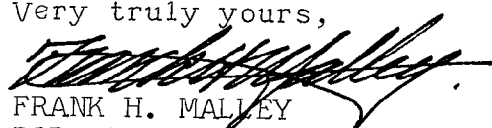
On an inspection and photographic survey it was determined that the property in question contained no commercial properties, and that all dwelling units are in fair condition.

If the recent petition for zoning change to C-2 on the southerly side of Pitman Street is to be approved by the City Council there will be more than adequate commercial zoning in this area and, therefore,

The Commission

VOTED: To recommend that this petition be denied.

Very truly yours,


FRANK H. MALLEY
DIRECTOR
CITY PLAN COMMISSION

FHM:MMH

c.c. Councilman Joseph Souza
Councilman Richard D. Worrell

FILED

JAN 17 3 24 PM '66

DEPT. OF VETERANS AFFAIRS
PROVIDENCE, R.I.

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	✓ <i>Sho Realty Corp</i>
CERTIFIED NO.	✓ <i>Abbott</i>
	SIGNATURE OF ADDRESSEE'S AGENT, IF ANY
INSURED NO.	<i>89100 5</i>
DATE DELIVERED	SHOW WHERE DELIVERED (<i>only if requested</i>)

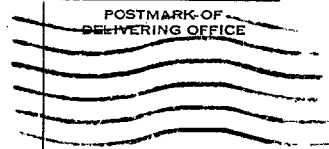
7-1-1936

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POD Form 3811 June 1966



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

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REGISTERED NO.	<div style="display: flex; align-items: center;"> <div style="width: 20px; height: 20px; background-color: black; margin-right: 5px; display: flex; align-items: center; justify-content: center;"> 1 </div> <div style="border-left: 1px solid black; padding-left: 5px;"> <i>Latina Betty</i> </div> </div> <div style="display: flex; align-items: center;"> <div style="width: 20px; height: 20px; background-color: black; margin-right: 5px; display: flex; align-items: center; justify-content: center;"> 2 </div> <div style="border-left: 1px solid black; padding-left: 5px;"> <i>V. Schreiber</i> </div> </div>	SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in)
CERTIFIED NO. <i>891079</i>		SIGNATURE OF ADDRESSEE'S AGENT, IF ANY
INSURED NO.		



SHOW WHERE DELIVERED (only if requested)

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CERTIFIED NO.		SIGNATURE OF ADDRESSEE'S AGENT, IF ANY
INSURED NO.		
DATE, DELIVERED		SHOW WHERE DELIVERED (<i>only if requested</i>)

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CERTIFIED NO.	2	<i>Benjamin & Maurice Nathan</i>
INSURED NO.		SIGNATURE OF ADDRESSEE'S AGENT, IF ANY
DATE DELIVERED		<i>891002</i>
SHOW WHERE DELIVERED (<i>only if requested</i>)		

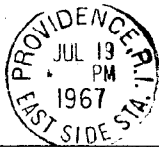
7-1-67
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U.S. DEPT. OF STATE
OFFICE OF THE ASSISTANT SECRETARY FOR PUBLIC AFFAIRS
WASHINGTON, D.C. 20520

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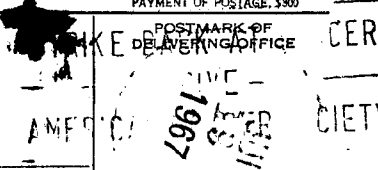
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CERTIFIED NO.		<i>Clarence Tanner</i>
INSURED NO.		SIGNATURE OF ADDRESSEE'S AGENT, IF ANY
DATE DELIVERED		<i>890001</i>
		SHOW WHERE DELIVERED <i>(only if requested)</i>

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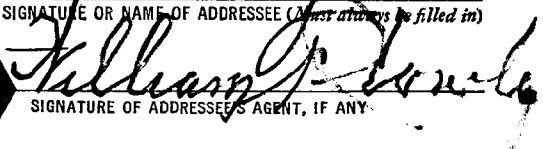
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DATE DELIVERED 7/9/54	SHOW WHERE DELIVERED (<i>only if requested</i>)		

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OFFICIAL BUSINESS

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CERTIFIED NO.

891080

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INSURED NO.

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SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

DATE DELIVERED

SHOW WHERE DELIVERED *(only if requested)*

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PENALTY FOR PRIVATE USE TO AVOID
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NO. <u>891083</u> IN. ED NO. <u>891081</u>	1 <u>Constance J. Sheppard</u> 2 SIGNATURE OF ADDRESSEE'S AGENT, IF ANY
DATE DELIVERED	SHOW WHERE DELIVERED (only if requested)
<u>7-7-67</u>	

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JUL
19
11 A.M.

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TO

POD Form 3811 June 1966
c35-16-71548-9

No. 891004

RECEIPT FOR CERTIFIED MAIL—30¢

SENT TO <i>The Realty Corp.</i>		POSTMARK OR DATE
STREET AND NO. <i>138 Wayland Avenue</i>		
P. O., STATE, AND ZIP CODE <i>Providence R.I.</i>		
EXTRA SERVICES FOR ADDITIONAL FEES		
Return Receipt Shows to whom and date delivered <input type="checkbox"/> 10¢ fee	Shows to whom, date, and where delivered <input type="checkbox"/> 35¢ fee	Deliver to Addressee Only <input type="checkbox"/> 50¢ fee

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Mar. 1966

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(See other side)

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

No. 891079

RECEIPT FOR CERTIFIED MAIL—30¢

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

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

No. 891003

RECEIPT FOR CERTIFIED MAIL—30¢

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STREET AND NO. <i>100 Pitman Street</i>		
P. O., STATE, AND ZIP CODE <i>Providence R.I.</i>		
EXTRA SERVICES FOR ADDITIONAL FEES		
Return Receipt Shows to whom and date delivered <input type="checkbox"/> 10¢ fee	Shows to whom, date, and where delivered <input type="checkbox"/> 35¢ fee	Deliver to Addressee Only <input type="checkbox"/> 50¢ fee

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OPTIONAL SERVICES

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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.
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No. 891002

RECEIPT FOR CERTIFIED MAIL—30¢

SENT TO <i>Benjamin H. Melman & Wife Marion</i>		POSTMARK OR DATE			
STREET AND NO. <i>116 Wayland Avenue</i>					
P. O., STATE, AND ZIP CODE <i>Providence, R.I.</i>					
EXTRA SERVICES FOR ADDITIONAL FEES					
<table border="1"><tr><td>Return Receipt Shows to whom and date delivered <input type="checkbox"/> 10¢ fee</td><td>Shows to whom, date, and where delivered <input type="checkbox"/> 35¢ fee</td><td>Deliver to Addressee Only <input type="checkbox"/> 50¢ fee</td></tr></table>		Return Receipt Shows to whom and date delivered <input type="checkbox"/> 10¢ fee	Shows to whom, date, and where delivered <input type="checkbox"/> 35¢ fee	Deliver to Addressee Only <input type="checkbox"/> 50¢ fee	
Return Receipt Shows to whom and date delivered <input type="checkbox"/> 10¢ fee	Shows to whom, date, and where delivered <input type="checkbox"/> 35¢ fee	Deliver to Addressee Only <input type="checkbox"/> 50¢ fee			

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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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No. 891001

RECEIPT FOR CERTIFIED MAIL—30¢

SENT TO <i>Clarence Turner & Wife Evangeline</i>		POSTMARK OR DATE
STREET AND NO. <i>5- Ramoco Drive</i>		
P. O., STATE, AND ZIP CODE <i>Warrick B. D.</i>		
EXTRA SERVICES FOR ADDITIONAL FEES		
Return Receipt Shows to whom and date delivered <input type="checkbox"/> 10¢ fee	Shows to whom, date, and where delivered <input type="checkbox"/> 35¢ fee	Deliver to Addressee Only <input type="checkbox"/> 50¢ fee

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Postage (first-class or airmail)

OPTIONAL SERVICES

Return receipt (10¢ or 35¢)

Deliver to addressee only—50¢

Special delivery

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

No. 891083

RECEIPT FOR CERTIFIED MAIL—30¢

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

POD Form 3800
Mar. 1966

NO INSURANCE COVERAGE PROVIDED—
NOT FOR INTERNATIONAL MAIL

(See other side)

1. Stick postage stamps to your article to pay:

BASIC CHARGES

Certified fee—30¢

Postage (first-class or airmail)

OPTIONAL SERVICES

Return receipt (10¢ or 35¢)

Deliver to addressee only—50¢

Special delivery

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

No. 891080

RECEIPT FOR CERTIFIED MAIL—30¢

SENT TO <i>George W. Taylor Jr.</i>		POSTMARK OR DATE
STREET AND NO. <i>36 Astor Avenue</i>		
P. O., STATE, AND ZIP CODE <i>Providence, R.I.</i>		
EXTRA SERVICES FOR ADDITIONAL FEES		
Return Receipt Shows to whom and date delivered <input type="checkbox"/> 10¢ fee	Shows to whom, date, and where delivered <input type="checkbox"/> 35¢ fee	Deliver to Addressee Only <input type="checkbox"/> 50¢ fee

POD Form 3800
Mar. 1966

NO INSURANCE COVERAGE PROVIDED—
NOT FOR INTERNATIONAL MAIL

(See other side)

1. Stick postage stamps to your article to pay:

BASIC CHARGES

Certified fee—30¢

Postage (first-class or airmail)

OPTIONAL SERVICES

Return receipt (10¢ or 35¢)

Deliver to addressee only—50¢

Special delivery

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

No. 891081

RECEIPT FOR CERTIFIED MAIL—30¢

SENT TO <i>Constance J. Sheppard</i>		POSTMARK OR DATE
STREET AND NO. <i>R. E. D. 3</i>		
P. O., STATE, AND ZIP CODE <i>Esmond, R. I.</i>		
EXTRA SERVICES FOR ADDITIONAL FEES		
Return Receipt Shows to whom and date delivered <input type="checkbox"/> 10¢ fee	Shows to whom, date, and where delivered <input type="checkbox"/> 35¢ fee	Deliver to Addressee Only <input type="checkbox"/> 50¢ fee

POD Form 3800
Mar. 1966

NO INSURANCE COVERAGE PROVIDED—
NOT FOR INTERNATIONAL MAIL

(See other side)

1. Stick postage stamps to your article to pay:

BASIC CHARGES

Certified fee—30¢

Postage (first-class or airmail)

OPTIONAL SERVICES

Return receipt (10¢ or 35¢)

Deliver to addressee only—50¢

Special delivery

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

No. 891082

RECEIPT FOR CERTIFIED MAIL—30¢

SENT TO <i>Austin White & Mfg. Company</i>		POSTMARK OR DATE
STREET AND NO. <i>103 Buckles Avenue</i>		
P. O., STATE, AND ZIP CODE <i>Providence, R. I.</i>		
EXTRA SERVICES FOR ADDITIONAL FEES		
Return Receipt Shows to whom and date delivered <input type="checkbox"/> 10¢ fee	Shows to whom, date, and where delivered <input type="checkbox"/> 35¢ fee	Deliver to Addressee Only <input type="checkbox"/> 50¢ fee

POD Form 3800
Mar. 1966

NO INSURANCE COVERAGE PROVIDED—
NOT FOR INTERNATIONAL MAIL

(See other side)

1. Stick postage stamps to your article to pay:

BASIC CHARGES

Certified fee—30¢

Postage (first-class or airmail)

OPTIONAL SERVICES

Return receipt (10¢ or 35¢)

Deliver to addressee only—50¢

Special delivery

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

No. 891011

RECEIPT FOR CERTIFIED MAIL—30¢

SENT TO <i>Melodie Roman</i>		POSTMARK OR DATE
STREET AND NO. <i>209 Barker Avenue</i>		
P. O., STATE, AND ZIP CODE <i>Providence, R.I.</i>		
EXTRA SERVICES FOR ADDITIONAL FEES		
Return Receipt Shows to whom and date delivered <input type="checkbox"/> 10¢ fee	Shows to whom, date, and where delivered <input type="checkbox"/> 35¢ fee	Deliver to Addressee Only <input type="checkbox"/> 50¢ fee

POD Form 3800
Mar. 1966

NO INSURANCE COVERAGE PROVIDED—
NOT FOR INTERNATIONAL MAIL

(See other side)

1. Stick postage stamps to your article to pay:

BASIC CHARGES

Certified fee—30¢

Postage (first-class or airmail)

OPTIONAL SERVICES

Return receipt (10¢ or 35¢)

Deliver to addressee only—50¢

Special delivery

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

No. 891009

RECEIPT FOR CERTIFIED MAIL—30¢

SENT TO <i>Salvation Army of R.I. Inc.</i>		POSTMARK OR DATE
STREET AND NO. <i>201 Putnam Street</i>		
P. O., STATE, AND ZIP CODE <i>Providence, R.I.</i>		
EXTRA SERVICES FOR ADDITIONAL FEES		
Return Receipt Shows to whom and date delivered <input type="checkbox"/> 10¢ fee	Shows to whom, date, and where delivered <input type="checkbox"/> 35¢ fee	Deliver to Addressee Only <input type="checkbox"/> 50¢ fee

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

1. Stick postage stamps to your article to pay:

BASIC CHARGES

Certified fee—30¢

Postage (first-class or airmail)

OPTIONAL SERVICES

Return receipt (10¢ or 35¢)

Deliver to addressee only—50¢

Special delivery

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

No. 891008

RECEIPT FOR CERTIFIED MAIL—30¢

SENT TO <i>Ernest Young</i>		POSTMARK OR DATE
STREET AND NO. <i>87 Hopkins Hill Road</i>		
P. O., STATE, AND ZIP CODE <i>Conventry, Ala.</i>		
EXTRA SERVICES FOR ADDITIONAL FEES		
Return Receipt Shows to whom and date delivered <input type="checkbox"/> 10¢ fee	Shows to whom, date, and where delivered <input type="checkbox"/> 35¢ fee	Deliver to Addressee Only <input type="checkbox"/> 50¢ fee

POD Form 3800
Mar. 1966

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

1. Stick postage stamps to your article to pay:

BASIC CHARGES

Certified fee—30¢

Postage (first-class or airmail)

OPTIONAL SERVICES

Return receipt (10¢ or 35¢)

Deliver to addressee only—50¢

Special delivery

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

No. 891078

RECEIPT FOR CERTIFIED MAIL—30¢

SENT TO <i>Custom Builders Inc.</i>		POSTMARK OR DATE
STREET AND NO. <i>18 Woodland Terrace</i>		
P. O., STATE, AND ZIP CODE <i>Providence, R.I.</i>		
EXTRA SERVICES FOR ADDITIONAL FEES		
Return Receipt Shows to whom and date delivered <input type="checkbox"/> 10¢ fee	Shows to whom, date, and where delivered <input type="checkbox"/> 35¢ fee	Deliver to Addressee Only <input type="checkbox"/> 50¢ fee

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

1. Stick postage stamps to your article to pay:

BASIC CHARGES

Certified fee—30¢

Postage (first-class or airmail)

OPTIONAL SERVICES

Return receipt (10¢ or 35¢)

Deliver to addressee only—50¢

Special delivery

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

No. 891076

RECEIPT FOR CERTIFIED MAIL—30¢

SENT TO		POSTMARK OR DATE
<i>John W. Myer & Son Corp</i>		
STREET AND NO.		
<i>119 Roxman Street</i>		
P. O., STATE, AND ZIP CODE		.
<i>Providence, R.I.</i>		
EXTRA SERVICES FOR ADDITIONAL FEES		
Return Receipt		
Shows to whom and date delivered	Shows to whom, date, and where delivered	Deliver to Addressee Only
<input type="checkbox"/> 10¢ fee	<input type="checkbox"/> 35¢ fee	<input type="checkbox"/> 50¢ fee

POD Form 3800
Mar. 1966

NO INSURANCE COVERAGE PROVIDED—
NOT FOR INTERNATIONAL MAIL

(See other side)

1. Stick postage stamps to your article to pay:

BASIC CHARGES

Certified fee—30¢

Postage (first-class or airmail)

OPTIONAL SERVICES

Return receipt (10¢ or 35¢)

Deliver to addressee only—50¢

Special delivery

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

No. 891074

RECEIPT FOR CERTIFIED MAIL—30¢

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

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

1. Stick postage stamps to your article to pay:

BASIC CHARGES

Certified fee—30¢

Postage (first-class or airmail)

OPTIONAL SERVICES

Return receipt (10¢ or 35¢)

Deliver to addressee only—50¢

Special delivery

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

No. 891075

RECEIPT FOR CERTIFIED MAIL—30¢

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

POD Form 3800
Mar. 1966

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

1. Stick postage stamps to your article to pay:

BASIC CHARGES

Certified fee—30¢

Postage (first-class or airmail)

OPTIONAL SERVICES

Return receipt (10¢ or 35¢)

Deliver to addressee only—50¢

Special delivery

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

No. 891073

RECEIPT FOR CERTIFIED MAIL—30¢

SENT TO <i>Cecelia Londergan</i>		POSTMARK OR DATE
STREET AND NO. <i>81 Governor Street</i>		
P. O., STATE, AND ZIP CODE <i>Providence, R.I.</i>		
EXTRA SERVICES FOR ADDITIONAL FEES		
<div>Return Receipt</div> <div>Shows to whom and date delivered</div> <div><input type="checkbox"/> 10¢ fee</div>		<div>Shows to whom, date, and where delivered</div> <div><input type="checkbox"/> 35¢ fee</div>
<div>Deliver to Addressee Only</div> <div><input type="checkbox"/> 50¢ fee</div>		

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

1. Stick postage stamps to your article to pay:

BASIC CHARGES

Certified fee—30¢

Postage (first-class or airmail)

OPTIONAL SERVICES

Return receipt (10¢ or 35¢)

Deliver to addressee only—50¢

Special delivery

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

PETITION OF MEDWAY REALTY, INC., FOR CHANGE IN ZONING - NORTH-
ERLY SIDE OF PITMAN STREET AND BOUNDED BY WAYLAND AND BUTLER
AVENUES.

Plat 14

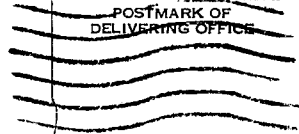
- Lot 29 - Sha Realty Corp.
138 Wayland Avenue
- 556 - K L M Realty Corp.
111 Wayland Avenue
- 88 - Saint Arthur Ward & wf Clara
100 Pitman Street
- 89 - Benjamin H. Millman & wf Marion
116 Wayland Avenue
- 101 - Clarence Tanner & wf Evangeline
5 Rancocos Drive
Warwick
- 102 - William Crowley & wf Sara
101 Pitman Street

Plat 15

- Lot 29 - George G. Taylor, Jr.
36 Astral Avenue
- 28 - Same as 29
- 26 - Constance J. Sheppard
R.F.D. 3
Esmond, Rhode Island
- 21 - Austin White & wf Donalda
103 Butler Avenue
- 24 - Goldie Romano
209 Butler Avenue
- 34 - Salvation Army of Rhode Island Inc.
201 Pitman Street
- 33 - Ernest Young
87 Hopkins Hill Road
Coventry, Rhode Island
- 407 - Custom Builders, Inc.
18 Woodland Terrace
- 408 - John M. Nye & wf Beryl
119 Pitman Street
- 410 - Same as 408
- 411 - Same as 408
- 415 - Custom Builders, Inc.
- 421 - Same as 415
- 462 - K L M Capitol Corp.
111 Wayland Avenue
- 401 - Northeast Capital Corp.
111 Wayland Avenue
- 402 - Cecelia Londergan
81 Governor Street

POST OFFICE DEPARTMENT
OFFICIAL BUSINESS

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



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

**RETURN
TO**

NAME OF SENDER

From

STREET AND NO. OR P.O. BOX

POST OFFICE, STATE, AND ZIP CODE

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

POD Form 3811 June 1965 e65-16-71548-9

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.

891093

ED NO.

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

Helen Washington

INSURED NO.

SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

Virginia M. Jones

DATE DELIVERED

SHOW WHERE DELIVERED (only if requested)

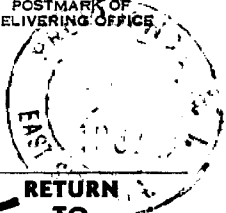


POST OFFICE DEPARTMENT
OFFICIAL BUSINESS

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

655-16-71548-9

POD Form 3811 June 1966

		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	

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

RECEIPT

Received the numbered article described below.

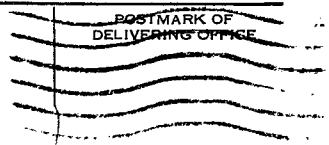
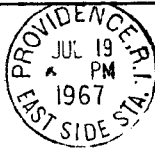
REGISTERED NO.	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">1</div> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">2</div> </div>	SIGNATURE OR NAME OF ADDRESSEE (<i>Must always be filled in</i>)
CERTIFIED NO. 891059		SIGNATURE OF ADDRESSEE'S AGENT, IF ANY
INSURED NO.		
DATE DELIVERED 7/18/67		SHOW WHERE DELIVERED (<i>only if requested</i>)

35 min

POST OFFICE DEPARTMENT
OFFICIAL BUSINESS

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

cd5-16-71548-0



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

POD Form 3811 June 1966

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

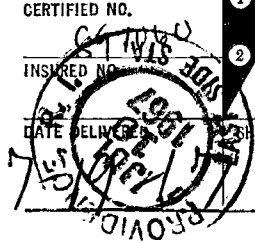
INSTRUCTIONS TO DELIVERING EMPLOYEE

☐ 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

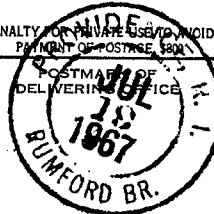
Received the numbered article described below.

REGISTERED NO.	SIGNATURE OR NAME OF ADDRESSEE (<i>Must always be filled in</i>)
CERTIFIED NO.	1 <i>Helen Babst</i>
INSURED NO.	2 SIGNATURE OF ADDRESSEE'S AGENT, IF ANY
DATE DELIVERED	<i>Alie Sharker</i>
SHOW WHERE DELIVERED (<i>only if requested</i>)	



POST OFFICE DEPARTMENT
OFFICIAL BUSINESS

PENALTY FOR PRIVATE USE, \$300
FEDERAL BUREAU OF INVESTIGATION



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

← **RETURN TO**

NAME OF SENDER

From

STREET AND NO. OR P.O. BOX

POST OFFICE, STATE, AND ZIP CODE

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

655-16-71548-9
POD Form 3811 June 1966

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

RECEIPT

Received the numbered article described below.

REGISTERED NO.	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">1</div> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">2</div> </div>	SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in)
CERTIFIED NO. 891005		KAREN DIEZELLE
INSURED NO.		SIGNATURE OF ADDRESSEE'S AGENT, IF ANY 891004
DATE DELIVERED JUL 19 1967	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

e55-16-7148-9

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

**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

PSN Form 2811 June 1966

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

RECEIPT


Received the numbered article described below.

REGISTERED NO.	<div style="display: flex; align-items: center;"> <div style="background-color: black; color: white; padding: 5px; margin-right: 5px;"> 1 2 </div> <div style="border-left: 1px solid black; padding-left: 5px;"> 891007 </div> </div>	SIGNATURE OR NAME OF ADDRESSEE <i>(Must always be filled in)</i>
CERTIFIED NO.		SIGNATURE OF ADDRESSEE'S AGENT, IF ANY
INSURED NO.		
DATE DELIVERED 7/19/67		SHOW WHERE DELIVERED <i>(only if requested)</i>

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

RECEIPT

Received the numbered article described below.

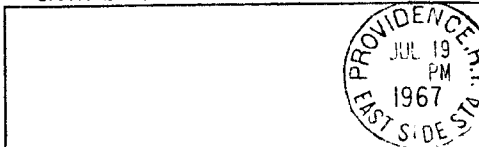
REGISTERED NO.		SIGNATURE OR NAME OF ADDRESSEE <i>(Must always be filled in)</i>
CERTIFIED NO. 891072		SIGNATURE OF ADDRESSEE'S AGENT, IF ANY
INSURED NO.		
DATE DELIVERED 7/19/51		SHOW WHERE DELIVERED <i>(only if requested)</i>

POST OFFICE DEPARTMENT
OFFICIAL BUSINESS

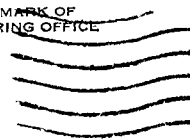
PENALTY FOR PRIVATE USE TO AVOID
PAYMENT OF POSTAGE, \$300

655-19-71548-0

POD Form 3811 June 15-65



POSTMARK OF
DELIVERING OFFICE



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

RETURN
TO

NAME OF SENDER

From

STREET AND NO. OR P.O. BOX

POST OFFICE, STATE, AND ZIP CODE

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

INSTRUCTIONS TO DELIVERING EMPLOYEE

☐ 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)

CERTIFICATE NO.

891071

ID NO.

1

2

SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

DATE DELIVERED

SHOW WHERE DELIVERED (only if requested)

7/19/67

POST OFFICE DEPARTMENT
OFFICIAL BUSINESS

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

POST MARK OF
DELIVERING OFFICE

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

**RETURN
TO**

NAME OF SENDER

From

STREET AND NO. OR P.O. BOX

POST OFFICE, STATE, AND ZIP CODE

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

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

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.

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

CERTIFIED NO.

891070

SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

DATE

PLACE 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

STREET AND NO. OR P.O. BOX

POST OFFICE, STATE, AND ZIP CODE

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

POD Form 3811 June 1966 055-10-71648-9

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.

NO.

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

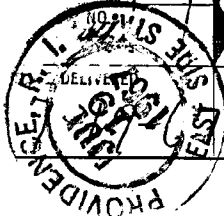
891069

1

SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

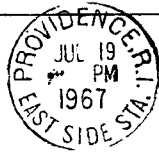
2

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

Vincent Vespia, City Clerk

STREET AND NO. OR P.O. BOX

City Hall, Providence

POST OFFICE, STATE, AND ZIP CODE

Rhode Island 02903

05-10-71548-9

POD Form 3811 June 1966

INSTRUCTIONS TO DELIVERING EMPLOYEE

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

RECEIPT

Received the numbered article described below.

REGISTERED NO.

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

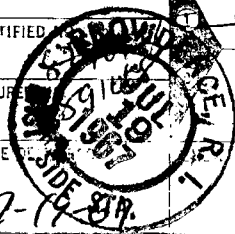
CERTIFIED

SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

INSURED

DATE

PLACE DELIVERED (only if requested)

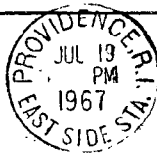


[Handwritten signature]

POST OFFICE DEPARTMENT
OFFICIAL BUSINESS

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

065-16-71548-9



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**

POD Form 3811 June 1966

NAME OF SENDER

Vincent Vessia, City Clerk

STREET AND NO. OR P.O. BOX

City Hall, Providence

POST OFFICE, STATE, AND ZIP CODE

Rhode Island 02903

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

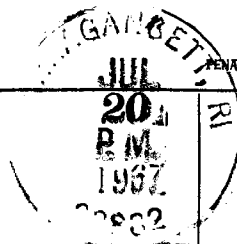
RECEIPT

Received the numbered article described below.

REGISTERED NO.	<div style="display: flex; align-items: center;"> <div style="background-color: black; color: white; padding: 5px; margin-right: 5px; text-align: center;">1</div> <div style="border-left: 1px solid black; padding-left: 5px;"> <i>Cornelius E. Allen</i> </div> </div> <div style="display: flex; align-items: center;"> <div style="background-color: black; color: white; padding: 5px; margin-right: 5px; text-align: center;">2</div> <div style="border-left: 1px solid black; padding-left: 5px;"> </div> </div>	SIGNATURE OR NAME OF ADDRESSEE (<i>Must always be filled in</i>)
CERTIFIED NO. <i>891067</i>		SIGNATURE OF ADDRESSEE'S AGENT, IF ANY
INSURED NO.		
DATE DELIVERED <i>7-20-67</i>	SHOW WHERE DELIVERED (<i>only if requested</i>)	

POST OFFICE DEPARTMENT
OFFICIAL BUSINESS

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



POSTMARK OF
DELIVERING OFFICE

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

← RETURN
TO

NAME OF SENDER

Vincent Vespia, City Clerk

STREET AND NO. OR P.O. BOX

City Hall, Providence

POST OFFICE, STATE, AND ZIP CODE

Rhode Island 02903


cs5-16-71548-9

POD Form 3811 June 1966

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

RECEIPT

Received the numbered article described below.

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

POST OFFICE DEPARTMENT
OFFICIAL BUSINESS



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

POSTMARK OF
DELIVERING OFFICE

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

← **RETURN
TO**

NAME OF SENDER

Vincent Vespia, City Clerk

STREET AND NO. OR P.O. BOX

City Hall, Providence

POST OFFICE, STATE, AND ZIP CODE

Rhode Island 02903

POD Form 3811 June 1966 c65-10-71548-9

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.	<div>1</div> <div>2</div>	SIGNATURE OR NAME OF ADDRESSEE <i>(Must always be filled in)</i>
CERTIFIED NO. 891064		Harry Boyce & wf Harriet
SURED N°		SIGNATURE OF ADDRESSEE'S AGENT, IF ANY
DELIVERED		SHOW WHERE DELIVERED <i>(only if requested)</i> Warwick

UNCLAIMED


655-16-71548-9 GPO

POST OFFICE DEPARTMENT
OFFICIAL BUSINESS

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

655-14-71548-9

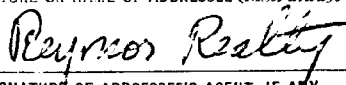
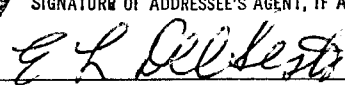
POD Form 3811 June 1966

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

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

RECEIPT

Received the numbered article described below.

REGISTERED NO.	<div style="display: flex; align-items: center; justify-content: center;"> <div style="background: black; color: white; padding: 5px; margin-right: 5px;"> 1 2 </div> <div style="border-left: 1px solid black; padding-left: 5px;"> <div style="margin-bottom: 10px;">  </div> <div>  </div> </div> </div>	SIGNATURE OR NAME OF ADDRESSEE (<i>Must always be filled in</i>)
CERTIFIED NO. 891065		SIGNATURE OF ADDRESSEE'S AGENT, IF ANY
INSURED NO.		
DATE DELIVERED		SHOW WHERE DELIVERED (<i>only if requested</i>)

POST OFFICE DEPARTMENT
OFFICIAL BUSINESS

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

055-16-71548-9



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

POD Form 3811 June 1966

NAME OF SENDER

Vincent Vespia, City Clerk

STREET AND NO. OR P.O. BOX

City Hall, Providence

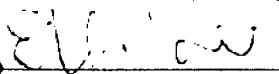
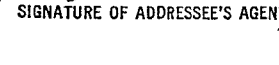
POST OFFICE, STATE, AND ZIP CODE

Rhode Island 02903

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

RECEIPT

Received the numbered article described below.

REGISTERED NO.	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">1</div> <div style="border: 1px solid black; padding: 2px;">  </div> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">2</div> <div style="border: 1px solid black; padding: 2px;">  </div> </div>	SIGNATURE OR NAME OF ADDRESSEE (<i>Must always be filled in</i>)
CERTIFIED NO. 891061		SIGNATURE OF ADDRESSEE'S AGENT, IF ANY
INSUR. NO.		
DELIVERED 7/28/67	SHOW WHERE DELIVERED (<i>only if requested</i>)	

POST OFFICE DEPARTMENT
OFFICIAL BUSINESS



PENALTY FOR PRIVATE USE TO AVOID
PAYMENT OF POSTAGE, 200%

POSTMARK OF
DELIVERING OFFICE

685-16-7148-9

POD Form 3811 June 1966

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

← **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

No. 891072

RECEIPT FOR CERTIFIED MAIL—30¢

SENT TO <i>Manuel Fernandez y Llerena</i>		POSTMARK OR DATE			
STREET AND NO. <i>124 Putnam Street</i>					
P. O., STATE, AND ZIP CODE <i>Providence, R.I.</i>					
EXTRA SERVICES FOR ADDITIONAL FEES					
<table border="1"><tr><td>Return Receipt Shows to whom and date delivered <input type="checkbox"/> 10¢ fee</td><td>Deliver to Addressee Only Shows to whom, date, and where delivered <input type="checkbox"/> 35¢ fee</td><td><input type="checkbox"/> 50¢ fee</td></tr></table>		Return Receipt Shows to whom and date delivered <input type="checkbox"/> 10¢ fee	Deliver to Addressee Only Shows to whom, date, and where delivered <input type="checkbox"/> 35¢ fee	<input type="checkbox"/> 50¢ fee	
Return Receipt Shows to whom and date delivered <input type="checkbox"/> 10¢ fee	Deliver to Addressee Only Shows to whom, date, and where delivered <input type="checkbox"/> 35¢ fee	<input type="checkbox"/> 50¢ fee			

POD Form 3800
Mar. 1966

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

1. Stick postage stamps to your article to pay:

BASIC CHARGES

Certified fee—30¢

Postage (first-class or airmail)

OPTIONAL SERVICES

Return receipt (10¢ or 35¢)

Deliver to addressee only—50¢

Special delivery

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

No. 891077

RECEIPT FOR CERTIFIED MAIL—30¢

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

POD Form 3800
Mar. 1966

NO INSURANCE COVERAGE PROVIDED—
NOT FOR INTERNATIONAL MAIL

(See other side)

1. Stick postage stamps to your article to pay:

BASIC CHARGES

Certified fee—30¢

Postage (first-class or airmail)

OPTIONAL SERVICES

Return receipt (10¢ or 35¢)

Deliver to addressee only—50¢

Special delivery

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

No. 891071

RECEIPT FOR CERTIFIED MAIL—30¢

SENT TO <i>Hallam Richardson & Eneline</i>		POSTMARK OR DATE
STREET AND NO. <i>149 Branch Avenue</i>		
P. O., STATE, AND ZIP CODE <i>Providence, R.I.</i>		
EXTRA SERVICES FOR ADDITIONAL FEES		
Return Receipt Shows to whom and date delivered <input type="checkbox"/> 10¢ fee	Shows to whom, date, and where delivered <input type="checkbox"/> 35¢ fee	Deliver to Addressee Only <input type="checkbox"/> 50¢ fee

PCD 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

Certified fee—30¢

Postage (first-class or airmail)

OPTIONAL SERVICES

Return receipt (10¢ or 35¢)

Deliver to addressee only—50¢

Special delivery

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

No. 891070

RECEIPT FOR CERTIFIED MAIL—30¢

SENT TO <i>Meadway Realty Inc.</i>		POSTMARK OR DATE
STREET AND NO. <i>158 Meadway Street</i>		
P. O., STATE, AND ZIP CODE <i>Providence, R. I.</i>		
EXTRA SERVICES FOR ADDITIONAL FEES		
Return Receipt		
Shows to whom and date delivered	Shows to whom, date, and where delivered	Deliver to Addressee Only
<input type="checkbox"/> 10¢ fee	<input type="checkbox"/> 35¢ fee	<input type="checkbox"/> 50¢ fee

POD Form 3800 Mar. 1968 NO INSURANCE COVERAGE PROVIDED— (See other side)
NOT FOR INTERNATIONAL MAIL

1. Stick postage stamps to your article to pay:

BASIC CHARGES

Certified fee—30¢

Postage (first-class or airmail)

OPTIONAL SERVICES

Return receipt (10¢ or 35¢)

Deliver to addressee only—50¢

Special delivery

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

No. 891069

RECEIPT FOR CERTIFIED MAIL—30¢

SENT TO <i>Margaret J. Brennan & Reginald L. L...</i>		POSTMARK OR DATE <i>Reginald L. L...</i>
STREET AND NO. <i>188 Butler Avenue</i>		
P. O., STATE, AND ZIP CODE <i>Providence, R.I.</i>		
EXTRA SERVICES FOR ADDITIONAL FEES		
Return Receipt Shows to whom and date delivered <input type="checkbox"/> 10¢ fee	Shows to whom, date, and where delivered <input type="checkbox"/> 35¢ fee	Deliver to Addressee Only <input type="checkbox"/> 50¢ fee

POD Form 3800
Mar. 1966

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

1. Stick postage stamps to your article to pay:

BASIC CHARGES

Certified fee—30¢

Postage (first-class or airmail)

OPTIONAL SERVICES

Return receipt (10¢ or 35¢)

Deliver to addressee only—50¢

Special delivery

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

No. 891068

RECEIPT FOR CERTIFIED MAIL—30¢

SENT TO <i>Vera Confessori</i>		POSTMARK OR DATE						
STREET AND NO. <i>104 Butler Avenue</i>								
P. O., STATE, AND ZIP CODE <i>Providence, R. I.</i>								
EXTRA SERVICES FOR ADDITIONAL FEES								
<table border="1"><tr><td>Return Receipt</td><td>Deliver to Addressee Only</td></tr><tr><td>Shows to whom and date delivered</td><td>Shows to whom, date, and where delivered</td></tr><tr><td><input type="checkbox"/> 10¢ fee</td><td><input type="checkbox"/> 35¢ fee</td></tr></table>		Return Receipt	Deliver to Addressee Only	Shows to whom and date delivered	Shows to whom, date, and where delivered	<input type="checkbox"/> 10¢ fee	<input type="checkbox"/> 35¢ fee	<input type="checkbox"/> 50¢ fee
Return Receipt	Deliver to Addressee Only							
Shows to whom and date delivered	Shows to whom, date, and where delivered							
<input type="checkbox"/> 10¢ fee	<input type="checkbox"/> 35¢ fee							

POD Form 3800
Mar. 1966

NO INSURANCE COVERAGE PROVIDED—
NOT FOR INTERNATIONAL MAIL

(See other side)

1. Stick postage stamps to your article to pay:

BASIC CHARGES

Certified fee—30¢

Postage (first-class or airmail)

OPTIONAL SERVICES

Return receipt (10¢ or 35¢)

Deliver to addressee only—50¢

Special delivery

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

No. 891067

RECEIPT FOR CERTIFIED MAIL—30¢

SENT TO <i>Cornelia Allen & wife Mary</i>		POSTMARK OR DATE
STREET AND NO. <i>98 Butler Avenue</i>		
P. O., STATE, AND ZIP CODE <i>Paducah, Ky.</i>		
EXTRA SERVICES FOR ADDITIONAL FEES		
Return Receipt		Deliver to Addressee Only
Shows to whom and date delivered	Shows to whom, date, and where delivered	
<input type="checkbox"/> 10¢ fee	<input type="checkbox"/> 35¢ fee	
		<input type="checkbox"/> 50¢ fee

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

1. Stick postage stamps to your article to pay:

BASIC CHARGES

Certified fee—30¢

Postage (first-class or airmail)

OPTIONAL SERVICES

Return receipt (10¢ or 35¢)

Deliver to addressee only—50¢

Special delivery

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

No. 891066

RECEIPT FOR CERTIFIED MAIL—30¢

SENT TO <i>Francis Nelson & Arthur Wilson</i>		POSTMARK OR DATE <i>Wilton</i>
STREET AND NO. <i>152 B. Main Street</i>		
P. O., STATE, AND ZIP CODE <i>Providence R. I.</i>		
EXTRA SERVICES FOR ADDITIONAL FEES		
Return Receipt Shows to whom and date delivered <input type="checkbox"/> 10¢ fee		Deliver to Addressee Only <input type="checkbox"/> 50¢ fee
Shows to whom, date, and where delivered <input type="checkbox"/> 35¢ fee		

POD Form 3800
Mar. 1966

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

1. Stick postage stamps to your article to pay:

BASIC CHARGES

Certified fee—30¢

Postage (first-class or airmail)

OPTIONAL SERVICES

Return receipt (10¢ or 35¢)

Deliver to addressee only—50¢

Special delivery

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

No. 891065

RECEIPT FOR CERTIFIED MAIL—30¢

SENT TO <i>Reynolds Realty Co.</i>		POSTMARK OR DATE
STREET AND NO. <i>45 Jackson Street</i>		
P. O., STATE, AND ZIP CODE <i>Providence R.I.</i>		
EXTRA SERVICES FOR ADDITIONAL FEES		
Return Receipt Shows to whom and date delivered <input type="checkbox"/> 10¢ fee	Shows to whom, date, and where delivered <input type="checkbox"/> 35¢ fee	Deliver to Addressee Only <input type="checkbox"/> 50¢ fee

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

1. Stick postage stamps to your article to pay:

BASIC CHARGES

Certified fee—30¢

Postage (first-class or airmail)

OPTIONAL SERVICES

Return receipt (10¢ or 35¢)

Deliver to addressee only—50¢

Special delivery

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

No. 891064

RECEIPT FOR CERTIFIED MAIL—30¢

SENT TO <i>Harry Boyce & Son, Inc.</i>		POSTMARK OR DATE
STREET AND NO. <i>114 Warwick Neck Ave.</i>		
P. O., STATE, AND ZIP CODE <i>Warwick, R.I.</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
<input type="checkbox"/> 10¢ fee	<input type="checkbox"/> 35¢ fee	<input type="checkbox"/> 50¢ fee

POD Form 3800
Mar. 1966

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

1. Stick postage stamps to your article to pay:

BASIC CHARGES

Certified fee—30¢

Postage (first-class or airmail)

OPTIONAL SERVICES

Return receipt (10¢ or 35¢)

Deliver to addressee only—50¢

Special delivery

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

No. 891063

RECEIPT FOR CERTIFIED MAIL—30¢

SENT TO <i>Arthur Albin Lewis</i>		POSTMARK OR DATE . . .		
STREET AND NO. <i>17 Seaboard Street</i>				
P. O., STATE, AND ZIP CODE <i>Providence, R.I.</i>				
EXTRA SERVICES FOR ADDITIONAL FEES				
<table border="1"><tr><td>Return Receipt Shows to whom and date delivered <input type="checkbox"/> 10¢ fee</td><td>Deliver to Addressee Only Shows to whom, date, and where delivered <input type="checkbox"/> 35¢ fee</td><td><input type="checkbox"/> 50¢ fee</td></tr></table>		Return Receipt Shows to whom and date delivered <input type="checkbox"/> 10¢ fee	Deliver to Addressee Only Shows to whom, date, and where delivered <input type="checkbox"/> 35¢ fee	<input type="checkbox"/> 50¢ fee
Return Receipt Shows to whom and date delivered <input type="checkbox"/> 10¢ fee	Deliver to Addressee Only Shows to whom, date, and where delivered <input type="checkbox"/> 35¢ fee	<input type="checkbox"/> 50¢ fee		

POD Form 3800
Mar. 1966

NO INSURANCE COVERAGE PROVIDED—
NOT FOR INTERNATIONAL MAIL

(See other side)

1. Stick postage stamps to your article to pay:

BASIC CHARGES

Certified fee—30¢

Postage (first-class or airmail)

OPTIONAL SERVICES

Return receipt (10¢ or 35¢)

Deliver to addressee only—50¢

Special delivery

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

No. 891062

RECEIPT FOR CERTIFIED MAIL—30¢

SENT TO <i>William H. Bentley & Mary</i>		POSTMARK OR DATE
STREET AND NO. <i>139 East Manning Street</i>		
P. O., STATE, AND ZIP CODE <i>Providence, R. I.</i>		
EXTRA SERVICES FOR ADDITIONAL FEES		
Return Receipt Shows to whom and date delivered <input type="checkbox"/> 10¢ fee	Shows to whom, date, and where delivered <input type="checkbox"/> 35¢ fee	Deliver to Addressee Only <input type="checkbox"/> 50¢ fee

POD Form 3800
Mar. 1966

NO INSURANCE COVERAGE PROVIDED—
NOT FOR INTERNATIONAL MAIL

(See other side)

1. Stick postage stamps to your article to pay:

BASIC CHARGES

Certified fee—30¢

Postage (first-class or airmail)

OPTIONAL SERVICES

Return receipt (10¢ or 35¢)

Deliver to addressee only—50¢

Special delivery

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

No. 891061

RECEIPT FOR CERTIFIED MAIL—30¢

SENT TO <i>Samuel Lerner & My Ethel</i>		POSTMARK OR DATE
STREET AND NO. <i>14 Carole Street</i>		
P. O., STATE, AND ZIP CODE <i>Portland, Me.</i>		
EXTRA SERVICES FOR ADDITIONAL FEES		
Return Receipt Shows to whom and date delivered <input type="checkbox"/> 10¢ fee	Shows to whom, date, and where delivered <input type="checkbox"/> 35¢ fee	Deliver to Addressee Only <input type="checkbox"/> 50¢ fee

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

1. Stick postage stamps to your article to pay:

BASIC CHARGES

Certified fee—30¢

Postage (first-class or airmail)

OPTIONAL SERVICES

Return receipt (10¢ or 35¢)

Deliver to addressee only—50¢

Special delivery

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Plat 15

- Lot 403 - Manuel Fernandes & wf Lillian
124 Pitman Street
- 404 - Mabel S. Cole
130 Pitman Street
- 405 - Hallam Richardson & wf Emeline
199 Branch Avenue
- 406 - Medway Realty, Inc.
158 Medway Street
- 234 - Margaret T. Brennen & Reginald Taylor
188 Butler Avenue
- 235 - Teresa Cianfarani
104 Butler Avenue
- 236 - Cornelius Allen & wf Mary
98 Butler Avenue
- 237 - Same as 236
- 238 - Margaret T. Brennen & Reginald Taylor
- 239 - Same as 238
- 240 - Frances Holton & Arthur Holton
152 Pitman Street
- 241 - Medway Realty, Inc.
158 Medway Street
- 242 - Same as 241
- 243 - Same as 241
- 244 - Same as 241
- 245 - Reymor Realty Company
45 Seekonk Street
- 247 - Same as 245
- 248 - Margaret T. Brennen & Reginald Taylor
- 250 - Same as 248
- 380 - Harry Boyce & wf Harriet
114 Warwick Neck Avenue
Warwick, Rhode Island
- 394 - Arthur & Albin Lans
17 Seekonk Street
- 395 - Arthur Lans
17 Seekonk Street
- 396 - Same as 395
- 397 - Same as 395
- 398 - William H. Bentley & wf Mary
139 East Manning Street
- 399 - Samuel Lerner & wf Ethel
14 Cooke Street
Pawtucket, Rhode Island

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)*

CEF NO.

SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

INSURED

DATE DELIVERED

SHOW WHERE DELIVERED *(only if requested)*

7-19-67

POST OFFICE DEPARTMENT
OFFICIAL BUSINESS

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

655-16-71548-9

POD Form 3811 June 1966



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

← **RETURN
TO**

NAME OF SENDER

From

STREET AND NO. OR P.O. BOX

POST OFFICE, STATE, AND ZIP CODE

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

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

RECEIPT

Received the numbered article described below.

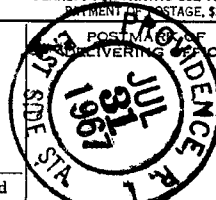
REGISTERED NO.	<div>1 2</div>	SIGNATURE OR NAME OF ADDRESSEE <i>(Must always be filled in)</i>
CERTIFIED NO.		891010
INSURED NO.		SIGNATURE OF ADDRESSEE'S AGENT, IF ANY
DATE DELIVERED		SHOW WHERE DELIVERED <i>(only if requested)</i>
7-31-67		

**POST OFFICE DEPARTMENT
OFFICIAL BUSINESS**

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

PS Form 3811 June 1966
e55-16-71548-9

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



**RETURN
TO**

NAME OF SENDER

From

STREET AND NO. OR P.O. BOX

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

POST OFFICE, STATE, AND ZIP CODE

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

INSTRUCTIONS TO DELIVERING EMPLOYEE

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

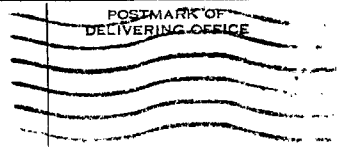
RECEIPT

Received the numbered article described below.

ORDER NO.	<div>1 2</div>	SIGNATURE OR NAME OF ADDRESSEE (<i>Must always be filled in</i>)
CERTIFIED NO. 891008		SIGNATURE OF ADDRESSEE'S AGENT, IF ANY
ORDER NO.		
DATE DELIVERED 7-19-67		SHOW WHERE DELIVERED (<i>only if requested</i>)

POST OFFICE DEPARTMENT
OFFICIAL BUSINESS

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



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

**RETURN
TO**

NAME OF SENDER

From

STREET AND NO. OR P.O. BOX

POST OFFICE, STATE, AND ZIP CODE

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

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

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

RECEIPT

Received the numbered article described below.

REGISTERED NO.	<div style="display: flex; align-items: center; justify-content: center;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; margin-right: 5px;">1</div> <div style="border-left: 2px solid black; height: 100px; margin: 0 10px;"></div> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; margin-left: 5px;">2</div> </div>	SIGNATURE OR NAME OF ADDRESSEE (<i>Must always be filled in</i>)
CERTIFIED NO. 891078		SIGNATURE OF ADDRESSEE'S AGENT, IF ANY
DATE DELIVERED 7/19/77		SHOW WHERE DELIVERED (<i>only if requested</i>)

POST OFFICE DEPARTMENT
OFFICIAL BUSINESS

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

POSTMARK OF
DELIVERING OFFICE

c55-16-71548-9

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

← **RETURN**
TO

NAME OF SENDER

From

STREET AND NO. OR P.O. BOX

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

POST OFFICE, STATE, AND ZIP CODE

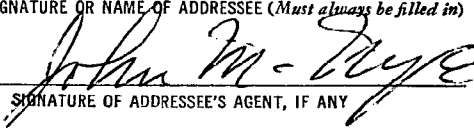
**CITY HALL
PROVIDENCE, R.I. 02903**

POD Form 3811 June 1966

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

RECEIPT

Received the numbered article described below.

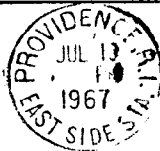
REGISTERED NO.	<div style="display: flex; align-items: center;"> <div style="background-color: black; color: white; padding: 5px; margin-right: 5px;"> 1 2 </div> <div style="border-left: 1px solid black; padding-left: 5px;">  </div> </div>	SIGNATURE OR NAME OF ADDRESSEE (<i>Must always be filled in</i>)
CERTIFIED NO. 891076		SIGNATURE OF ADDRESSEE'S AGENT, IF ANY
INSURED NO.		
DATE DELIVERED	SHOW WHERE DELIVERED (<i>only if requested</i>)	

POST OFFICE DEPARTMENT
OFFICIAL BUSINESS

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

35-16-71548-9

POD Form 3811 June 1966



POSTMARK OF
DELIVERING OFFICE

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

RETURN
TO

NAME OF SENDER

From

STREET AND NO. OR P.O. BOX

POST OFFICE, STATE, AND ZIP CODE

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

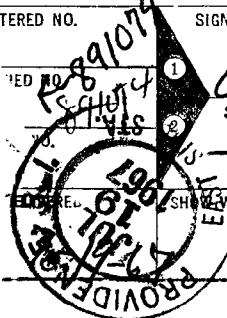
INSTRUCTIONS TO DELIVERING EMPLOYEE		
<input type="checkbox"/> Show to whom and date delivered	<input type="checkbox"/> Show to whom, date, and address where delivered	<input type="checkbox"/> Deliver ONLY to addressee
(Additional charges required for these services)		

RECEIPT

Received the numbered article described below.

REGISTERED NO.	SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in)
891074	<i>Kim Capital</i>
1-4	SIGNATURE OF ADDRESSEE'S AGENT, IF ANY
1-4	<i>H. Kreiber</i>
1-4	WHERE DELIVERED (only if requested)

L. R. T



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

PSN Form 3811 June 1965

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

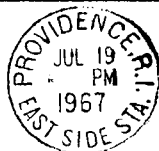
RECEIPT

Received the numbered article described below.

REGISTERED NO.	<div style="display: flex; align-items: center;"> <div style="width: 20px; height: 20px; background-color: black; margin-right: 5px; display: flex; flex-direction: column; justify-content: space-around; align-items: center;"> 1 2 </div> <div> <p><i>Northwest Capital</i></p> <p>SIGNATURE OF ADDRESSEE'S AGENT, IF ANY</p> <p><i>Robert</i></p> </div> </div>	SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in)
CERTIFIED NO.		SHOW WHERE DELIVERED (only if requested)
<div style="border: 2px solid black; border-radius: 50%; padding: 10px; text-align: center;"> <p>VIS 8/10/75</p> <p>1961</p> <p>1961</p> <p>1961</p> </div>		

POST OFFICE DEPARTMENT
OFFICIAL BUSINESS

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



POSTMARK OF
DELIVERING OFFICE

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

**RETURN
TO**

NAME OF SENDER

From

STREET AND NO. OR P.O. BOX

POST OFFICE, STATE, AND ZIP CODE

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

655-16-71548-9
POD Form 3811 June 1966

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

REGISTERED NO.

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

CERTIFIED NO.

891073

①

Cecilia M. Londergan

INSURED NO.

②

SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

DATE DELIVERED

SHOW WHERE DELIVERED *(only if requested)*

POST OFFICE DEPARTMENT
OFFICIAL BUSINESS

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

POSTMARK OF
DELIVERING OFFICE



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

**RETURN
TO**

NAME OF SENDER

From

STREET AND NO. OR P.O. BOX

POST OFFICE, STATE, AND ZIP CODE

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

55-10-71548-6

POD Form 3811 June 1966

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

CERTIFIED MAIL

REASON FOR RETURN
Unknown
Insufficient address
Moved, Left no address
No such post office
Do not mail in this
RETURNED TO WRITER

RETURN RECEIPT REQUESTED

HARRY BOYCE & Wf. Harriet
114 Warwick Neck Avenue
Warwick, R. I.

PROVIDENCE
JUL 18 1967

PROVIDENCE
JUL 17 1967

PH 572606

CERTIFIED MAIL
No. 891064

45 :
POSTAGE

FILED

AUG 7 9 58 AM '67

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

1967

1967

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. (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.

No. 891060

RECEIPT FOR CERTIFIED MAIL—30¢

SENT TO <i>Melone Robert</i>		POSTMARK OR DATE A
STREET AND NO. <i>125 Weymouth Avenue</i>		
P. O., STATE, AND ZIP CODE <i>Providence, R.I.</i>		
EXTRA SERVICES FOR ADDITIONAL FEES		
Return Receipt Shows to whom and date delivered <input type="checkbox"/> 10¢ fee		Deliver to Addressee Only <input type="checkbox"/> 50¢ fee
Shows to whom, date, and where delivered <input type="checkbox"/> 35¢ fee		

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

1. Stick postage stamps to your article to pay:

BASIC CHARGES

Certified fee—30¢

Postage (first-class or airmail)

OPTIONAL SERVICES

Return receipt (10¢ or 35¢)

Deliver to addressee only—50¢

Special delivery

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

RECEIPT FOR CERTIFIED MAIL—30¢

SENT TO		POSTMARK OR DATE
Edmond A. Jacques 776 Shirley		
STREET AND NO.		
463 Power Road		
P. O., STATE, AND ZIP CODE		
Pawtucket 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	
<input type="checkbox"/> 10¢ fee	<input type="checkbox"/> 35¢ fee	<input type="checkbox"/> 50¢ fee

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

1. Stick postage stamps to your article to pay:

BASIC CHARGES

Certified fee—30¢

Postage (first-class or airmail)

OPTIONAL SERVICES

Return receipt (10¢ or 35¢)

Deliver to addressee only—50¢

Special delivery

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

No. 891094

RECEIPT FOR CERTIFIED MAIL—30¢

SENT TO <i>Glin - Doris Reilly</i>		POSTMARK OR DATE 0 6
STREET AND NO. <i>100 Medbury Street</i>		
P. O., STATE, AND ZIP CODE <i>Providence, R.I.</i>		
EXTRA SERVICES FOR ADDITIONAL FEES		
Return Receipt Shows to whom and date delivered <input type="checkbox"/> 10¢ fee		Deliver to Addressee Only <input type="checkbox"/> 50¢ fee
Shows to whom, date, and where delivered <input type="checkbox"/> 35¢ fee		

POD Form 3800
Mar. 1966

NO INSURANCE COVERAGE PROVIDED—
NOT FOR INTERNATIONAL MAIL

(See other side)

1. Stick postage stamps to your article to pay:

BASIC CHARGES

Certified fee—30¢

Postage (first-class or airmail)

OPTIONAL SERVICES

Return receipt (10¢ or 35¢)

Deliver to addressee only—50¢

Special delivery

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

No. 891093

RECEIPT FOR CERTIFIED MAIL—30¢

SENT TO		POSTMARK OR DATE							
<i>Helen May Washington</i>									
STREET AND NO.									
<i>5 Seaboard Street</i>									
P. O., STATE, AND ZIP CODE		0 6							
<i>Providence, R. I.</i>									
EXTRA SERVICES FOR ADDITIONAL FEES									
<table border="1"><tr><td>Return Receipt</td><td>Deliver to Addressee Only</td></tr><tr><td><i>Shows to whom and date delivered</i></td><td><i>Shows to whom, date, and where delivered</i></td></tr><tr><td><input type="checkbox"/> 10¢ fee</td><td><input type="checkbox"/> 35¢ fee</td></tr><tr><td></td><td><input type="checkbox"/> 50¢ fee</td></tr></table>			Return Receipt	Deliver to Addressee Only	<i>Shows to whom and date delivered</i>	<i>Shows to whom, date, and where delivered</i>	<input type="checkbox"/> 10¢ fee	<input type="checkbox"/> 35¢ fee	
Return Receipt	Deliver to Addressee Only								
<i>Shows to whom and date delivered</i>	<i>Shows to whom, date, and where delivered</i>								
<input type="checkbox"/> 10¢ fee	<input type="checkbox"/> 35¢ fee								
	<input type="checkbox"/> 50¢ fee								

POD Form 3800
Mar. 1966

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

(See other side)

1. Stick postage stamps to your article to pay:

BASIC CHARGES

Certified fee—30¢

Postage (first-class or airmail)

OPTIONAL SERVICES

Return receipt (10¢ or 35¢)

Deliver to addressee only—50¢

Special delivery

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

No. 891007

RECEIPT FOR CERTIFIED MAIL—30¢

SENT TO <i>Blackstone Mutual Insurance Co.</i>		POSTMARK OR DATE
STREET AND NO. <i>229 Waterman Street</i>		
P. O., STATE, AND ZIP CODE <i>Providence, R.I.</i>		
EXTRA SERVICES FOR ADDITIONAL FEES		
Return Receipt Shows to whom and date delivered <input type="checkbox"/> 10¢ fee		Deliver to Addressee Only <input type="checkbox"/> 50¢ fee
Shows to whom, date, and where delivered <input type="checkbox"/> 35¢ fee		

POD Form 3800
Mar. 1966

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

1. Stick postage stamps to your article to pay:

BASIC CHARGES

Certified fee—30¢

Postage (first-class or airmail)

OPTIONAL SERVICES

Return receipt (10¢ or 35¢)

Deliver to addressee only—50¢

Special delivery

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

No. 891005

RECEIPT FOR CERTIFIED MAIL—30¢

SENT TO <i>Seaboard Land Co.</i>		POSTMARK OR DATE - .
STREET AND NO. <i>1 Mayer Street</i>		
P. O., STATE, AND ZIP CODE <i>East Providence, R.I.</i>		
EXTRA SERVICES FOR ADDITIONAL FEES		
Return Receipt Shows to whom and date delivered <input type="checkbox"/> 10¢ fee	Shows to whom, date, and where delivered <input type="checkbox"/> 35¢ fee	Deliver to Addressee Only <input type="checkbox"/> 50¢ fee

POD Form 3800
Mar. 1966

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

1. Stick postage stamps to your article to pay:

BASIC CHARGES

Certified fee—30¢

Postage (first-class or airmail)

OPTIONAL SERVICES

Return receipt (10¢ or 35¢)

Deliver to addressee only—50¢

Special delivery

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

Plat 15

- Lot 400 - Helen Bakst
125 Wayland Avenue
- 36 - Edmond S. Jacques & wf Shirley
463 Power Road
Pawtucket, Rhode Island
- 213 - Bliss - Doris Realty
100 Medway Street
- 222 - Albin & Arthur Lans
17 Seekonk Street
- 228 - Same as 222
- 230 - Helen May Washington
5 Seekonk Street
- 231 - Samuel Lerner & wf Ethel
14 Cooke Street
Pawtucket, Rhode Island
- 272 - Same as 231
- 273 - Same as 231
- 459 - Same as 231
- 392 - Same as 231
- 393 - Same as 231
- 165 - Blackstone Mutual Insurance Company
229 Waterman Street
- 264 - Seekonk Land Company
1 Noyes Street
East Providence, Rhode Island
- Councilman Richard D. Worrell
- Councilman John M. Murphy
- Eugene Cochran, Esquire
85 Westminster Street
Providence, Rhode Island

Zoning Change No.

Shaded area to be changed from an R - 3
General Residence Zone to a C - 2 General
Commercial Zone.

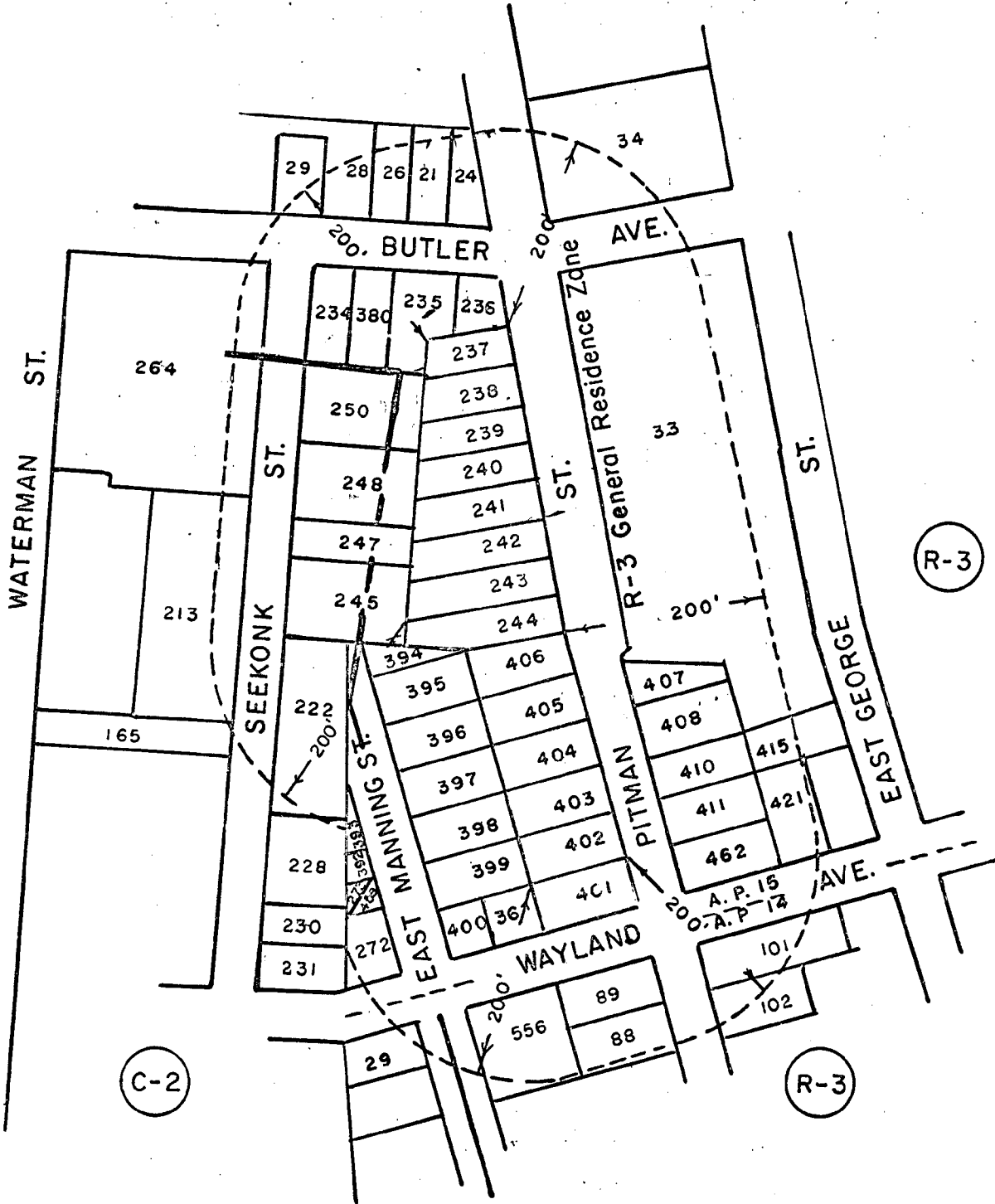
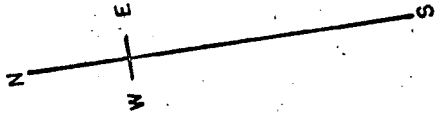
PROVIDENCE, R. I.

P. W. DEPT. - ENGINEERING OFFICE

CITY PROPERTY SECTION

Plan No.

Date July 6, 1967



Lot nos. from Ass's Plats 14 & 15

CITY OF PROVIDENCE, R. I.
Public Works Dept. - Engineering Office
Showing Zoning Change No.

Drawn by: Toppl

Checked by:

Scale: 1" = 160'

Date: 7-5-67

Correct

Approved

Robert B. Strong
CHIEF

THE CITY OF PROVIDENCE
STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

RESOLUTION OF THE CITY COUNCIL

No.

Approved September 6, 1968

WHEREAS, the Committee on Finance of the City Council of the City of Providence, Rhode Island, did conduct a public hearing on June 27, 1968, in accordance with the provisions of Resolution of the City Council No. 242, approved June 19, 1968, for the purpose of designating a Community Action Agency for said City as required by Public Law 90-222 90th Congress, S-2388, December 23, 1967,

NOW THEREFORE BE IT RESOLVED, that notice is hereby given that Progress for Providence, Inc., is designated as the "Community Action Agency" for the City of Providence, Rhode Island.

IN CITY COUNCIL

SEP 5 - 1968

READ and PASSED

Boyle President
Boyle Clerk

APPROVED

SEP 6 1968

Joseph H. Doyle Jr.
MAYOR

RESOLUTION
OF THE
CITY COUNCIL

IN CITY
COUNCIL

JUL 8 - 1968

~~BACK~~ FIRST READING
REFERRED TO COMMITTEE ON

Informative
Commit Cooper
CLERK

THE COMMITTEE ON

Finance
Approves Passage of
The Within Resolution

Committee Cooper
July 8, 1968
SPEAKMAN
CLERK

THE COMMITTEE ON

Finance
Approves Passage of
The Within Resolution

Committee Cooper
Aug 27 1968
SPEAKMAN
CLERK

August 26, 1968

Miss Josephine Nieves
Regional Director
Office of Economic Opportunity
Northeast Regional Office
72 West 45th Street
New York, N. Y. 10036

Dear Miss Nieves:

I wish to advise you that in conversation with Mayor Joseph A. Doorloy, Jr. earlier this afternoon I was informed that he has personally designated Progress for Providence, Inc. as the "Community Action Agency" for Providence. He is at this time awaiting ratification of this designation by the City Council in accordance with Section C.4, Community Action Memo No. 80.

The necessary resolution by the Council will be reported out of committee with a favorable recommendation on August 29, 1968 and will be placed on the agenda for action in the City Council meeting to be held on September 5, 1968. A copy of that resolution is enclosed herewith.

Completion of this action in the form of the resolution above referred to approved by the City Council on September 5, 1968 will be filed with you on September 6, 1968 the day next succeeding.

I specifically request that you consider this letter as a temporary designation pending final action by the Council as outlined above.

Very truly yours,

JL:jag

Jerry Lorenzo
Acting Mayor and President
Pro-tempore of the City
Council of the City of
Providence

RESOLUTION OF THE CITY COUNCIL

No. 2

Approved September 6, 1968

Whereas, a vacancy exists in the office of Councilman from the Twelfth Ward in the City of Providence, Rhode Island, caused by the resignation on August 30, 1968 of Joseph P. Hassett, late a member of the City Council, and

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

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

NOW THEREFORE BE IT RESOLVED, BY THE CITY COUNCIL OF THE CITY OF PROVIDENCE, RHODE ISLAND that, in compliance with the provisions of governing statutes, the said City Council does hereby order a Special Election to be held for the purpose of filling the vacancy in the office of Councilman from the Twelfth Ward of Providence, Rhode Island, caused by the resignation on August 30, 1968 of Joseph P. Hassett, on the first Tuesday, following the first Monday in November, 1968, being also November 5, 1968 said date being within ninety days from the date of the occurrence of said vacancy, and

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

The City of Providence
STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Page 2

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

IN CITY COUNCIL

SEP 5 - 1968

READ and PASSED

Joseph H. Lowley
President
Carriant C. ...
Clerk

APPROVED
SEP 5 1968
Joseph H. Lowley
MAYOR

No.

CHAPTER

AN ORDINANCE

--

Councilmen Mc Mully and Baatens, by request

CITY OF PROVIDENCE, RHODE ISLAND . MAYOR JOSEPH A. DOORLEY, JR.

Vincent Vespia
City Clerk

Clerk of Council
Clerk of Committees



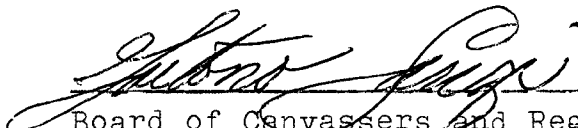
William H. Matthews
First Deputy

Dorothy K. McGinn
Second Deputy

DEPARTMENT OF CITY CLERK
CITY HALL

September 9, 1968

Received of Vincent Vespia, City Clerk, City of
Providence, Rhode Island, duly certified copy of Resol-
ution of the City Council #362, Approved September 6, 1968.



Board of Canvassers and Registration
City of Providence, Rhode Island

CITY OF PROVIDENCE, RHODE ISLAND . MAYOR JOSEPH A. DOORLEY, JR.

Vincent Vespia
City Clerk

—
Clerk of Council
Clerk of Committees



William H. Matthews
First Deputy

—
Dorothy K. McGinn
Second Deputy

DEPARTMENT OF CITY CLERK
CITY HALL

September 10, 1968

Received of Vincent Vespia, City Clerk, City of
Providence, Rhode Island, duly certified copy of Resol-
ution of the City Council #362, Approved September 6, 1968.

Peter J. LaSalle
Dep. Secretary of State

CITY OF PROVIDENCE, RHODE ISLAND . MAYOR JOSEPH A. DOORLEY, JR.

Vincent Vespia
City Clerk

—
Clerk of Council
Clerk of Committees



William H. Matthews
First Deputy

—
Dorothy K. McGinn
Second Deputy

DEPARTMENT OF CITY CLERK
CITY HALL

September 10, 1968

Received of Vincent Vespia, City Clerk, City of
Providence, Rhode Island, duly certified copy of Resol-
ution of the City Council #362, Approved, September 6, 1968.



State Board of Elections

THE CITY OF PROVIDENCE
STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

RESOLUTION OF THE CITY COUNCIL

No. 273

Approved September 6, 1968

WHEREAS, The Providence Sunday Journal featured, in its magazine section of August 25, 1968, a poignant article on one of our community's most beloved and respected private citizens, the Honorable Frank Rao, former President of the City Council, of the City of Providence, Rhode Island, and

WHEREAS, That newspaper's pictorial and featured presentation of Frank Rao, the personification of the evolution of an Italian immigrant, who having been the recipient of rewards in many ways in his adopted Country, ever strives to be worthy of those beneficences,

NOW THEREFORE BE IT RESOLVED, in acknowledging that newsworthy story, by the eminent George Popkin, whose literary genius has long been accepted by all and sundry, the City Council does hereby congratulate him and the Providence Journal Company for their tribute to the Honorable Frank Rao, and

BE IT FURTHER RESOLVED, That the City Clerk is directed to cause a duly certified copy of this Resolution to be transmitted, upon its approval, to John C. A. Watkins, President and Publisher of the Providence Journal and Evening Bulletin and to George Popkin, Journalist par excellence.

IN CITY COUNCIL

SEP 5 - 1968

READ and PASSED

Murphy J. Boyle
President
Quinn T. Desjardins
Clerk

APPROVED

SEP 6 1968

Joseph A. Coorley Jr.
MAYOR

RESOLUTION
OF THE
CITY COUNCIL

Councilman Pelt

THE CITY OF PROVIDENCE
STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

RESOLUTION OF THE CITY COUNCIL

No. 1005

Approved September 6, 1968

RESOLVED,

That the City Collector be and he hereby is authorized and directed to abandon as uncollectible those certain property taxes due the City of Providence in the amounts and for the years as contained in the following list. The taxes hereby authorized to be abandoned are no longer collectible because of the expiration of the six year statute of limitations.

1946 Tax	\$4.00
1947 Tax	229.86
1948 Tax	4.00
1949 Tax	194.74
1950 Tax	232.68
1951 Tax	244.31
1952 Tax	624.45
1953 Tax	1,893.48
1954 Tax	2,327.48
1955 Tax	2,761.44
1956 Tax	168,501.83
1957 Tax	180,043.52
1958 Tax	169,035.69
1959 Tax	169,036.00

\$695,133.48

IN CITY COUNCIL

SEP 5 - 1968

READ and PASSED

Harold J. Boyle
President
William L. ...
Clerk

APPROVED

SEP 6 1968

Joseph A. ...
MAYOR

RESOLUTION
OF THE
CITY COUNCIL

IN CITY
COUNCIL

AUG 15 1968

FIRST READING
REFERRED TO COMMITTEE ON
FINANCE

Committee on Finance
CLERK

THE COMMITTEE ON

Finance
Approves Passage of
The Within Resolution

Transmitted to Council
Aug 29 1968
Clark

Commended to the Worthy and Respectable, by request

FILED

AUG 1 10 35 AM '68

DEPT. OF CITY CLERK
PROVIDENCE, R.I.