

City of Providence
STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

CITY OF PROVIDENCE
CITY CLERK
MAYOR'S OFFICE
CITY HALL
150 SOUTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

RESOLUTION OF THE CITY COUNCIL

No. 147

EFFECTIVE March 31, 2014

RESOLVED, That the Tax Assessor is requested to apply the Owner Occupied Rate to the property located on Assessor's Plat 29, Lot 36 (503 Washington Street), for the year 2013.

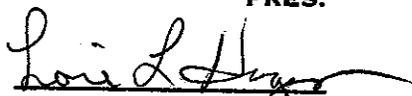
IN CITY COUNCIL

MAR 20 2014

READ AND PASSED



PRES.


ACTING CLERK

Effective without the Mayor's Signature



Lori L. Hagen
Second Deputy City Clerk

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

DATE	PLAT	LOT	UNIT	LOCATION	CERT #	PAGE
January 10, 2014	029	0036	0000	503 Washington St	97,646	1

ASSESSED Balleto Realty LLC
 OWNER

STATUS OF REAL ESTATE BILL AS OF DATE PRINTED

YR	TYPE	ORIGINAL TAX	CHARGE	ADJUSTMENT ABATEMENT	PAID	BALANCE DUE	INTEREST	TOTAL DUE	BILL NAME
13	RE	\$6,490.16	\$0.00	\$0.00	\$3,245.08	\$3,245.08	\$0.00	\$3,245.08	Balleto Realty LLC
		<u>\$6,490.16</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$3,245.08</u>	<u>\$3,245.08</u>	<u>\$0.00</u>	<u>\$3,245.08</u>	

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

Note:

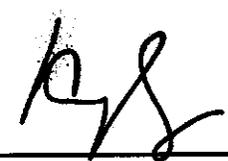
- Please be aware that unpaid taxes may be subject to tax sale.
- Please contact the Water Supply Board at 521-6300.
- Please contact the Narragansett Bay Commission at 461-8828
- Property within designated City Plat Maps known as 19, 20, 24, 25, & 26 (Downtown Providence District Management Authority)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

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

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

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

MAILED TO: City Council



 MARC CASTALDI
 DEPUTY TAX COLLECTOR

MARIA MANSOLILLO
 ASSISTANT COLLECTOR

City of Providence Duplicate Bill

Melissa Riley
503 Washington St
Providence RI 02903

AC92226757001

ACCOUNT NO: 92226757001
LENDER:

2013 TAX DUE:	(\$682.14)
2013 INTEREST DUE:	
PRIOR YEARS TAXES DUE:	
PRIOR YEARS INTEREST DUE:	\$0.00
TOTAL AMOUNT DUE:	(\$682.14)

DESCRIPTION

REAL ESTATE

YR	PLAT/LOT	PROPERTY LOC.	TOTAL A.	ORIG. DUE	ADJ./AB.	CHARGES.	INT.	REVERS.	REFUND	PAYMENTS	TOT. DUE
2013	029-0036-0000	503 Washington St	\$192,300.00	\$6,490.16	\$2,304.68)	\$0.00	\$0.00			\$4,867.62	(\$682.14)
										Interest as of date:	\$0.00
REAL ESTATE TOTAL:				\$6,490.16	\$2,304.68)	\$0.00	\$0.00			\$4,867.62	(\$682.14)

	<u>PRIOR YEARS</u>	<u>CURRENT YEAR</u>	<u>QTR1</u>	<u>QTR2</u>	<u>QTR3</u>	<u>QTR4</u>
REAL ESTATE TAX:		(\$682.14)	(\$682.14)			
TANGIBLE TAX:						
EXCISE TAX:						

TOTAL AMOUNT DUE :	(\$682.14)	(\$682.14)				
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**CITY ASSESSOR
25 DORRANCE ST. RM. 208
PROVIDENCE, RI 02903**

YEAR OF TAX 2013

DATE 3/12/2014

PROPERTY LOCATION 503 Washington St

PROPERTY OWNER Melissa Riley

MAILING ADDRESS 503 Washington St
Providence RI 02903

<u>ASSESSMENT</u>	<u>PLAT/LOT</u>	<u>TAX RATE</u>	<u>TOTAL TAX</u>
\$192,300.00	029-0036-0000		\$6,490.16

<u>CORRECTED ASSESSMENT</u>	<u>PLAT/LOT</u>	<u>TAX RATE</u>	<u>TOTAL TAX</u>
	029-0036-0000		

TOTAL RESULT INCREASE/DECREASE

4185.48

**POSTED
3.12.14**

<u>INCREASE/DECREASE</u>	<u>PLAT/LOT</u>	<u>TAX RATE</u>	<u>TOTAL TAX</u>
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REASON FOR CHANGE IN VALUE

-2304.68

BTAR Fiscal Year (S) _____ Final Y N

Late Filing Exemption Credit (Type) _____

Homestead Exemption _____

Exemption Credit Removed (Type) _____

Other Pro-rate for 00 rate, per PO.

The increase/decrease will be applied to your account.

Requested by _____ Approved By _____

Webserver Govern Reports Pro_assadj.rpt

Transaction Type
Abatement / Exemption

Sub System Year Bill Number Invoice No. Cycle Code
2013

Date Effective On Amount
3/12/2014 2304.68

Class Code From Inst # To Inst #
Real Estate Tax

Notes
Pro rate OO rate
Justification Code
Owner Occupied rate

Entering New Record

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

Reports

CURRENT OWNER		TOPO	UTILITIES	STRT/ROAD	LOCATION	CURRENT ASSESSMENT			
MELISSA RILEY	1 Level	1 All Public	1 Paved W/C/S			Description	Code	Appraised Value	Assessed Value
	1 Level					RESIDENTL	0204	106,200	106,200
						RES LAND	0204	77,500	77,500
						RESIDENTL	0204	10,500	10,500
P.O. BOX 6927 PROVIDENCE, RI 02940 Additional Owners:						5413 Providence, RI			

SUPPLEMENTAL DATA		CL/TL/OC Code	In Law Apart	Call Back	Abutter Lot	Num Units
Other ID:	029148,000					4
Census						
Srvy Drwr/Bk						
% Res						
CL/Key/Nbhd						
Status						
GIS ID:						

RECORD OF OWNERSHIP		BK-VOL/PAGE	SALE DATE	Yr	W1	SALE PRICE	Yr	Code	Assessed Value	Yr	Code	Assessed Value
MELISSA RILEY	10513/131		02/28/2013	2013	U	130,000	2013	0204	104,300	2013	0204	104,300
BALETTO REALTY LLC	10448/258		12/17/2012	2013		130,000	2013	0204	77,500	2012	Ob	77,500
				2013		37	2013	0204	10,500	2013	0204	10,500
Total: 192,300												

EXEMPTIONS		Year	Type	Description	Amount	Code	Description	Number	Amount	Comm Int.
2012	ISO2N(HSO2NO				35,115					
Total: 35,115										

OTHER ASSESSMENTS		Year	Type	Description	Amount	Code	Description	Number	Amount	Comm Int.
ASSESSING NEIGHBORHOOD										
NBHD/SUB										
Street Index Name										
Batch										
NOTES										

copy of application apply to note

APPRaised VALUE SUMMARY		Appraised Bidg. Value (Card)	Appraised XF (B) Value (Bidg)	Appraised OB (L) Value (Bidg)	Appraised Land Value (Bidg)	Special Land Value	Total Appraised Parcel Value	Valuation Method:	
		106,200	0	10,500	77,500	0	194,200	C	
Adjustment:								0	
Net Total Appraised Parcel Value								194,200	

BUILDING PERMIT RECORD		Permit ID	Issue Date	Type	Description	Amount	Insp. Date	% Comp.	Date Comp.	Comments	Date	Type	IS	ID	Cd.	Purpose/Resulf
7748	05/02/2013	RAL	BLDG	9,500	06/17/2013	100	06/17/2013	100	INSTALL VINYL SIDING	02/18/2009	7	AM	90	90	Res Field Review	
2342	04/19/2005	BLDG	Bldg	10,500		100		100	INSTALL VINYL S	12/19/2005	7	GM	02	02	Call Back	
										12/15/1998	1	PM	00	00	Measured & Listed	

LAND LINE VALUATION SECTION		B Use	Use	Zone	D	Front	Depth	Units	Unit Price	Factor S.A.	C	ST	Adj.	Notes-Adj.	Special Pricing	S Adj	Fac	Adj.	Unit Price	Land Value
1	104	Four Family	R3					3,891 SF	14.23	1.0000	5	1.00	1010	1.40		1.00			19.92	77,500
Total Card Land Units: 0.09 AC Parcel Total Land Area: 0.09 AC																				
Total Land Value: 77,500																				



2014

Declaration For Owner-Occupied Tax Rate

Plat 29 Lot 36 Unit _____

To the Providence City Assessor.

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

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

503 Washington Street
Number and Street Apt. Or Unit #
Providence, Rhode Island 02903
City Zip Code

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

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

2 Ringgold St #2
Number and Street Apt. Or Unit #
Providence, RI 02903
City, State, and Zip Code

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

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

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

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

M Riley
Signature
Melissa Riley
Print Name
914-879-9008
Phone Number

State of Rhode Island
City of Providence

Sworn to and subscribed before me this 27 day of Feb, 2014 by the above named, who

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

[Signature]
Signature of Notary
Commission Expires:

MUHAMMAD QANDL
NOTARY PUBLIC
STATE OF RHODE ISLAND
MY COMMISSION EXPIRES NOV. 12, 2017

Commissioned Name
Commission Number:

Owner-Occupied Tax Rate Eligibility Form

To be filed with Declaration for Owner-Occupied Tax

Name: Melissa Riley

Address: 503 Washington St Plat/Lot 029/036
Providence RI 02903

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

Car No.	Lic. Plate	Year	Make	Model	Date First Registered
1					
2					
3					
4					

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

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

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

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

MR

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

Signature M Riley

Date 2/27/14

State of Rhode Island

City of Providence

Sworn to and subscribed before me this 27 day of Feb, 2014 by the above named, who

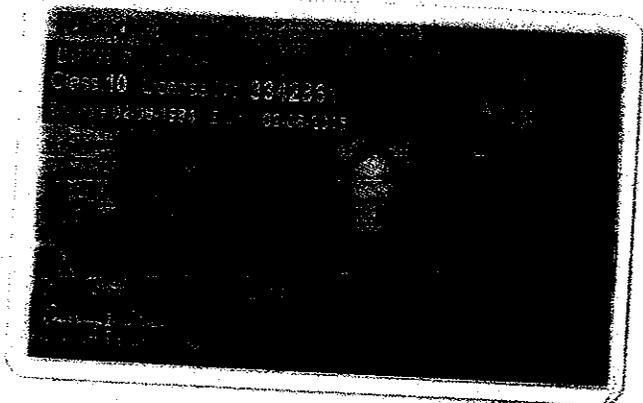
Is personally known to me or has produced the following type of ID:

[Signature]

Signature of Notary
Commission Expires:

MUHAMMAD GANDIL
NOTARY PUBLIC
STATE OF RHODE ISLAND
COMMISSION EXPIRES NOV. 12, 2017

Print, Commission Expires: _____
Commissioned Name
Commission Number:





OP ID: JM

EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
02/26/2014

THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

AGENCY Doorley Agency, Inc. 17 Sixth Avenue East Greenwich, RI 02818 Jennifer Medieros		PHONE (A/C, No, Ext): 401-886-9600	COMPANY Public Service Mutual 25 Braintree Hill Pk, Ste. 306 Braintree, MA 02184-8717	
FAX (A/C, No): 401-886-9622	E-MAIL ADDRESS:			
CODE:	SUB CODE:			
AGENCY CUSTOMER ID #: RILEME1			LOAN NUMBER	
INSURED Melissa Riley 503 Washington Street Providence, RI 02903			POLICY NUMBER BINDER	
			EFFECTIVE DATE 02/28/14	EXPIRATION DATE 02/28/15
			<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED	
THIS REPLACES PRIOR EVIDENCE DATED:				

PROPERTY INFORMATION

LOCATION/DESCRIPTION
503 Washington Street
Providence, RI-02903

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

COVERAGE INFORMATION

COVERAGE / PERILS / FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
Premise 1 Building 1	\$400,000	\$1,000
BUILDING	\$30,000	
BUS INCOME EE	\$2,000,000	
General Liability-Aggregate:	INCLUDED	
Products/Completed Ops Aggregate:	\$1,000,000	
Personal & Adv. Injury:	\$1,000,000	
Each Occurrence:	\$100,000	
Damage to Rented Premises:	\$5,000	
Medical Payments:		

REMARKS (Including Special Conditions)

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

ADDITIONAL INTEREST

NAME AND ADDRESS Navigant Credit Union 1005 Douglas Pike Smithfield, RI 02917	<input checked="" type="checkbox"/> MORTGAGEE	ADDITIONAL INSURED
	<input type="checkbox"/> LOSS PAYEE	
	LOAN #	
AUTHORIZED REPRESENTATIVE 		