

City of Providence
STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

RESOLUTION OF THE CITY COUNCIL

No. 147

EFFECTIVE March 31, 2014

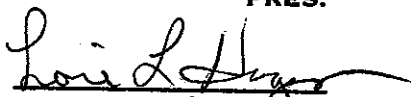
RESOLVED, That the Tax Assessor is requested to apply the Owner
Occupied Rate to the property located on Assessor's Plat 29, Lot 36
(503 Washington Street), for the year 2013.

IN CITY COUNCIL

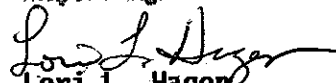
MAR 20 2014

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 Balletto 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	Balletto Realty LLC
		\$6,490.16	\$0.00	\$0.00	\$3,245.08	\$3,245.08	\$0.00	\$3,245.08	

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:

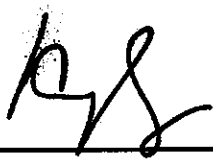
- Please be aware that unpaid taxes may be subject to tax sale.
- Please contact the Water Supply Board at 521-6300.
- Please contact the Narragansett Bay Commission at 461-8828
- Property within designated City Plat Maps known as 19, 20, 24, 25, & 26 (Downtown Providence District Management Authority) 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	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)
REAL ESTATE TOTAL:				\$6,490.16	\$2,304.68)	\$0.00	\$0.00		Interest as of date:	\$0.00
									\$4,867.62	(\$682.14)

	PRIOR YEARS	CURRENT YEAR	QTR1	QTR2	QTR3	QTR4
REAL ESTATE TAX:		(\$682.14)	(\$682.14)			
TANGIBLE TAX:						
EXCISE TAX:						
TOTAL AMOUNT DUE :		(\$682.14)	(\$682.14)			

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

Abatement / Exemption

Transaction Type

Sub System

Year

Bill Number

Invoice No

Cycle Code

Date

Effective On

Amount

3/12/2014

2304.68

Class Code

From Inst #

To Inst #

Real Estate Tax

t

Notes

Pro rate 00 rate

Justification Code

Owner Occupied rate

Entering New Record

New

Save

Delete

G/L

A/R Inquiry

Browse

Cancel

Reports

[illegible]

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

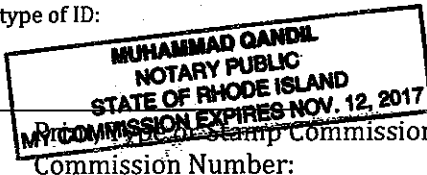
State of Rhode Island

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:



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
Providence RI 02903

Plat/Lot 029/036

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

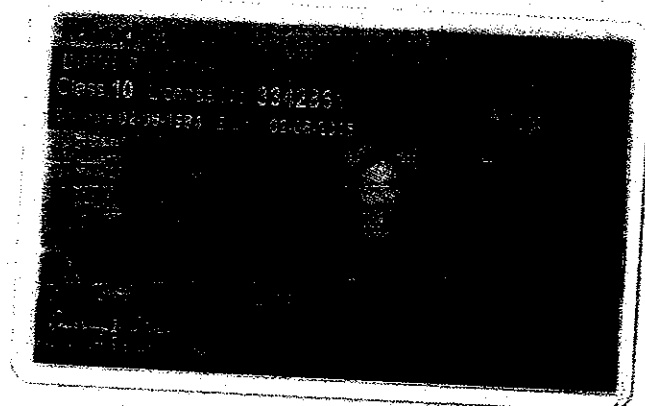
City of Providence

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, and 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				
INSURED Melissa Riley 503 Washington Street Providence, RI 02903			LOAN NUMBER	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 BUILDING BUS INCOME EE General Liability-Aggregate: Products/Completed Ops Aggregate: Personal & Adv. Injury: Each Occurrence: Damage to Rented Premises: Medical Payments;	\$400,000 \$30,000 \$2,000,000 INCLUDED \$1,000,000 \$1,000,000 \$100,000 \$5,000	\$1,000

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 		