STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Department of Administration

STATE PROPERTIES COMMITTEE
One Capitol Hill
Providence, RI 02908

CERTIFICATE OF DISCLOSURE OF PARTNERSHIP

1. Name of partnership (if any) _____

2. Type or character of business _____

3. Location of Principal Place of Business _____

4. Name of individuals having legal title to the property under lease to the State of Rhode Island:
(complete only when subject partnership is landlord)

_____

_____

_____

_____

_____

5. Property under lease to / from the State of Rhode Island covered by this certificate:

Location: _____

State Offices Occupying Property (if any): _____

6. Name and place of residence of each partner, general and limited partners being respectively designated:

NAME	RESIDENCE ADDRESS	TYPE OF ADDRESS

I hereby under oath make affidavit in my capacity as a partner and state that this certificate of disclosure is complete, true, and correct.

_____ _____
Signature of Partner Filing Certificate Date

STATE OF RHODE ISLAND

COUNTY OF

Subscribed and sworn to before me at _____ this _____ day of _____ 20___.

_____
Notary Public