



STATE OF RHODE ISLAND
DEPARTMENT OF ADMINISTRATION
STATE PROPERTIES COMMITTEE
ONE CAPITOL HILL
PROVIDENCE, R.I. 02908-5850
(401) 222-1280

CERTIFICATE OF DISCLOSURE OF LIMITED LIABILITY COMPANY

I, _____, Member of _____ LLC, under oath make affidavit and say that the following are all the members of said limited liability company:

Member	Address
_____	_____
_____	_____
_____	_____
_____	_____

State of Limited Liability Company: _____
Principal Place of Business: _____
Agent for Service: _____
Property under lease to/from State of Rhode Island covered by this Certificate:
Location: _____
State Offices Occupying Property (if any): _____

IN WITNESS WHEREOF, I have hereunto set my hand and the seal of the said
_____, LLC (hereto duly authorized) this _____ day of
_____ 20__.

_____, LLC

By: _____
Member

STATE OF RHODE ISLAND
COUNTY OF _____

In _____, on this _____ day of _____ 20__, before me personally appeared _____, Member of _____m LLC, to me known and known by me to be the party executing the foregoing instrument on behalf of said limited liability company, and he acknowledged said instrument and the execution thereof, to be his free act and deed individually and in his said capacity, and the free act and deed of said limited liability company.

Notary Public
My Commission Expires: _____