



**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 PARTNERSHIP

1. Name of partnership (if any) \_\_\_\_\_
2. Type or character of business \_\_\_\_\_
3. Location of Principal 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