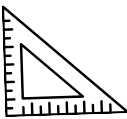




1358 Smith St. PROVIDENCE

Mixed-Use with adaptive reuse potential

- First floor is ideal for a large office/commercial space or adaptive reuse allows for up to two small office spaces or for several residential apartments.
- 2nd floor with two beautifully maintained residential units.



3,901 Sq Ft

\$949,000



1358 SMITH STREET | NORTH PROVIDENCE

Selected Updates

Chimney repointed and capped

New Hardie-board siding

Aluminum replacement windows covered with aluminum storm windows

3 Octagonal rooms added

Front of building extended with added bathroom and new porch

Cement heated ramp

ADA accessible entrance door installed

New commercial wall-to-wall carpeting in most of 1st floor

Renovated kitchens in 2nd- and 3rd-floor apartments

New gas boiler for 1st floor

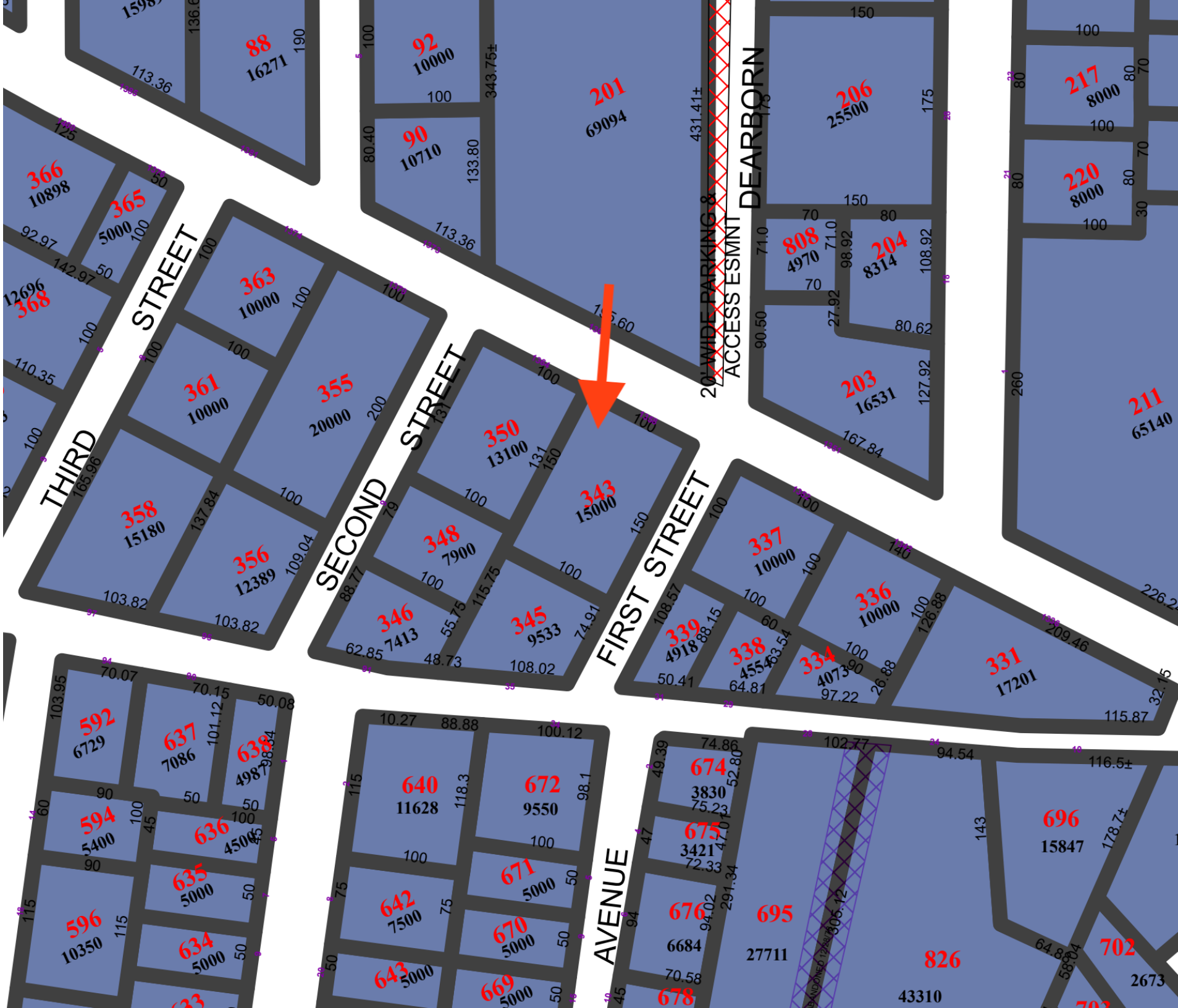
Replaced hot water heaters for all 3 units

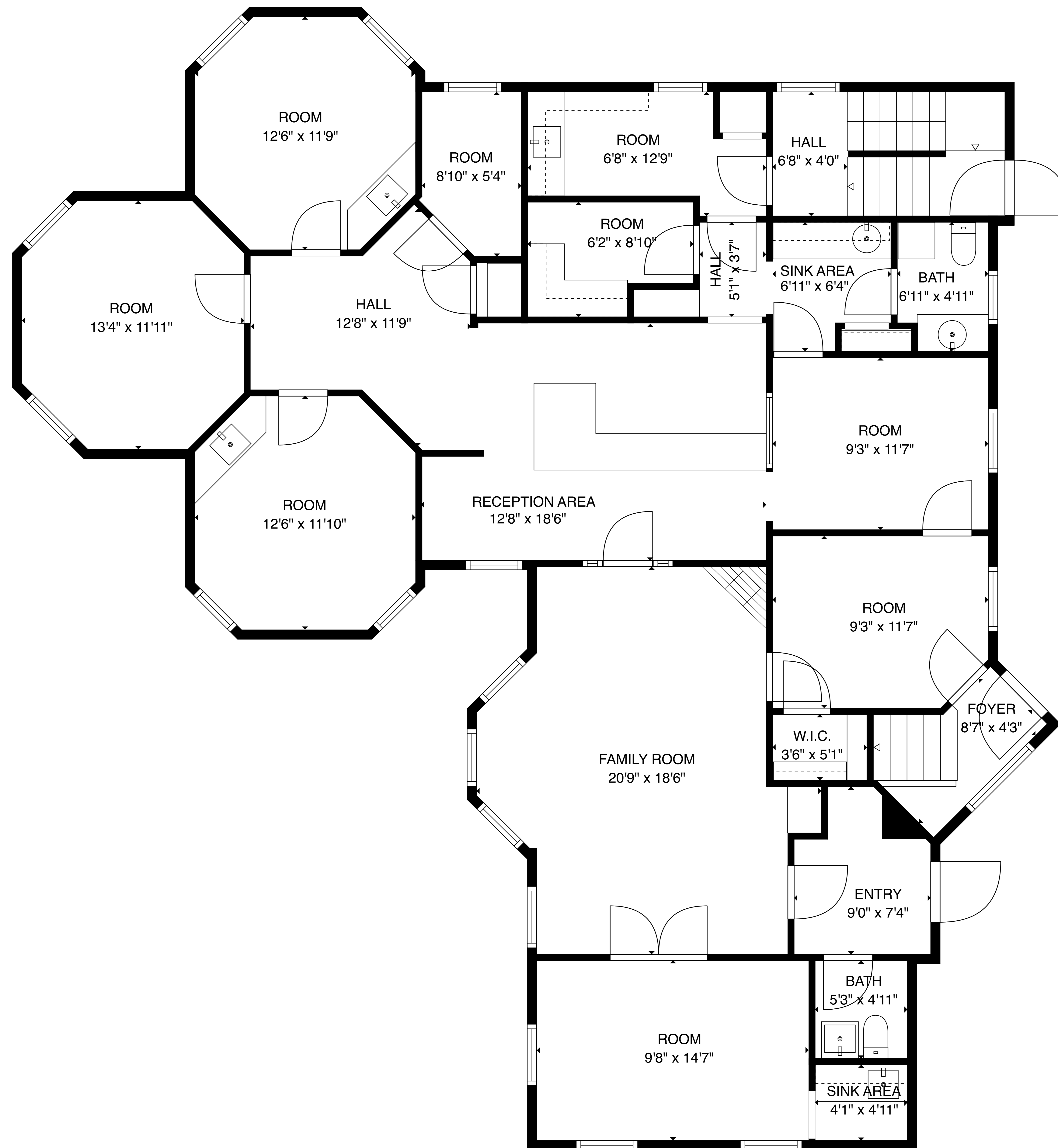
Refinished hardwood floors in both bedrooms in 2nd-floor apartment

New foundation for carriage house

PVC underground sleeves for water, electric, and heat from main house to carriage house

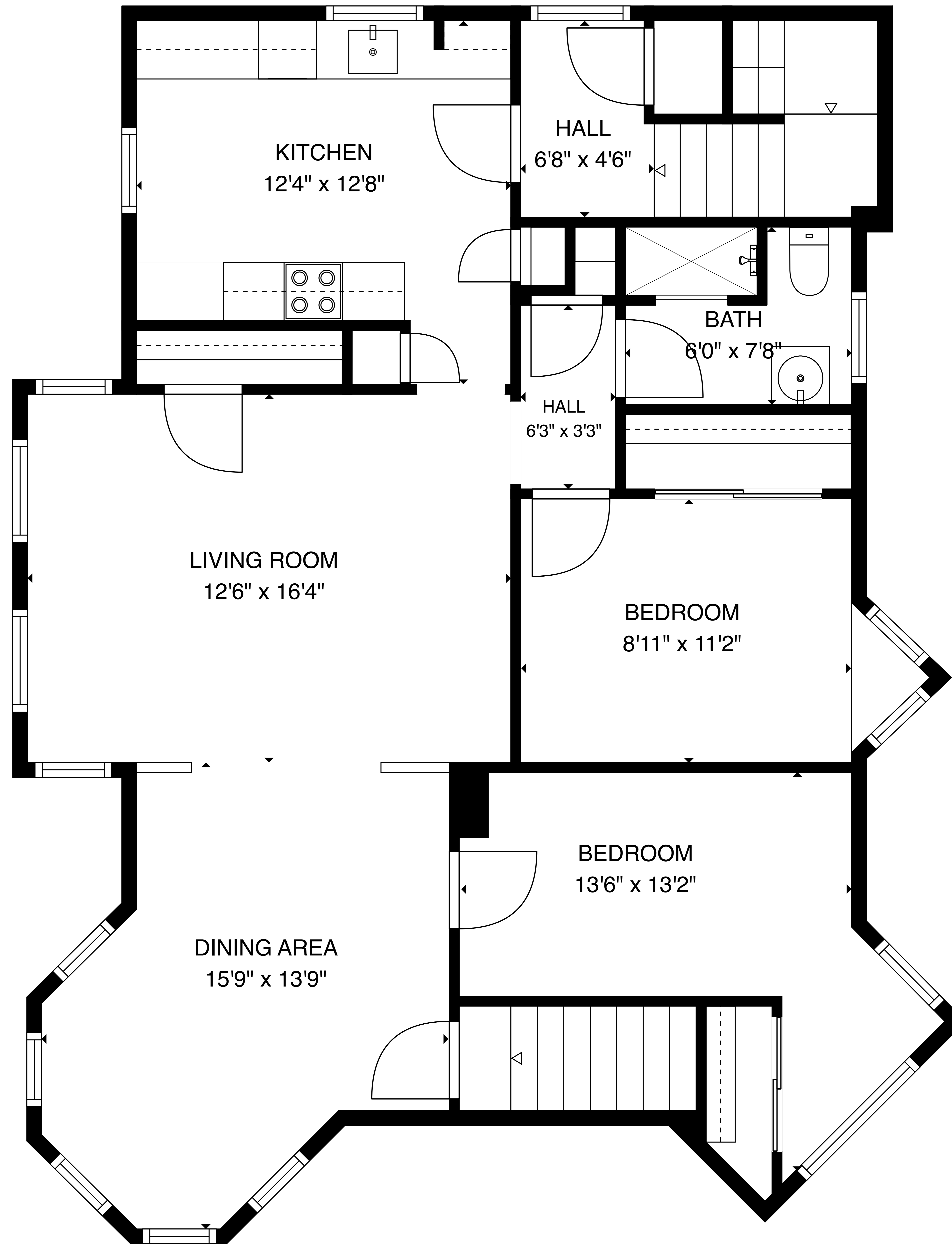
New copper water supply line from street





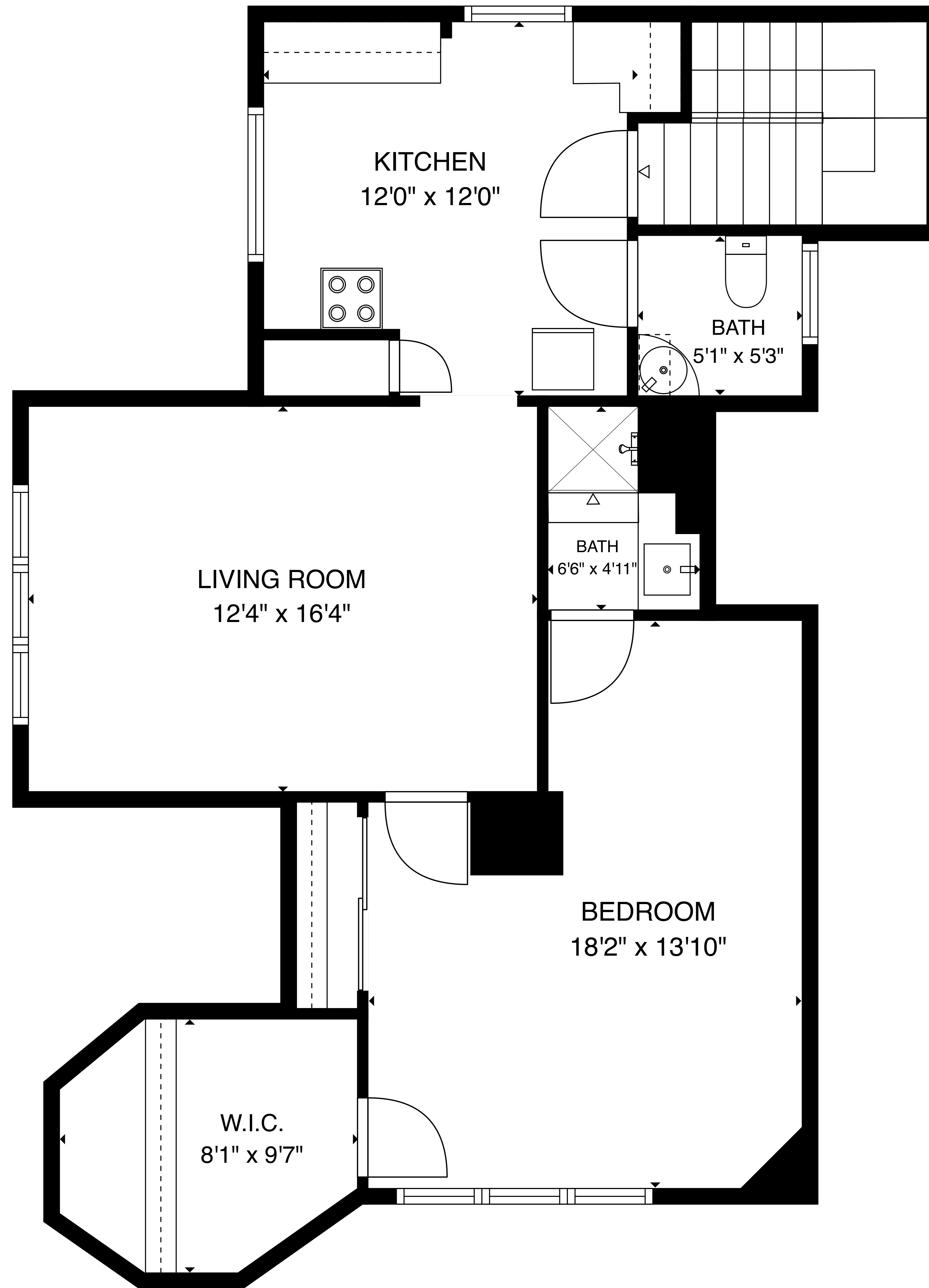
FLOOR 1

All measurements are approximate and not guaranteed. This illustration is provided for marketing and layout purposes only. All information should be verified independently.



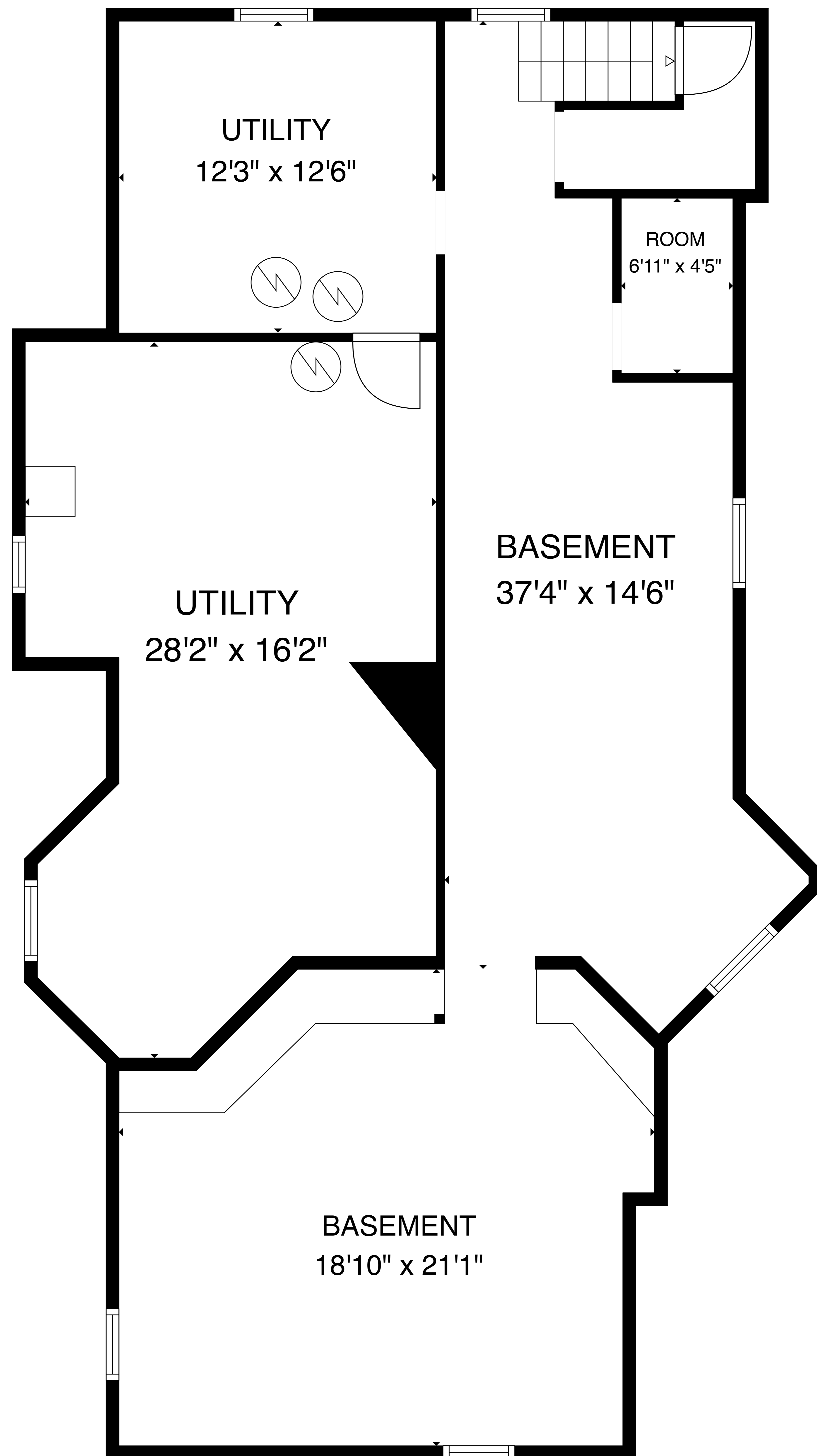
FLOOR 2

All measurements are approximate and not guaranteed. This illustration is provided for marketing and layout purposes only. All information should be verified independently.



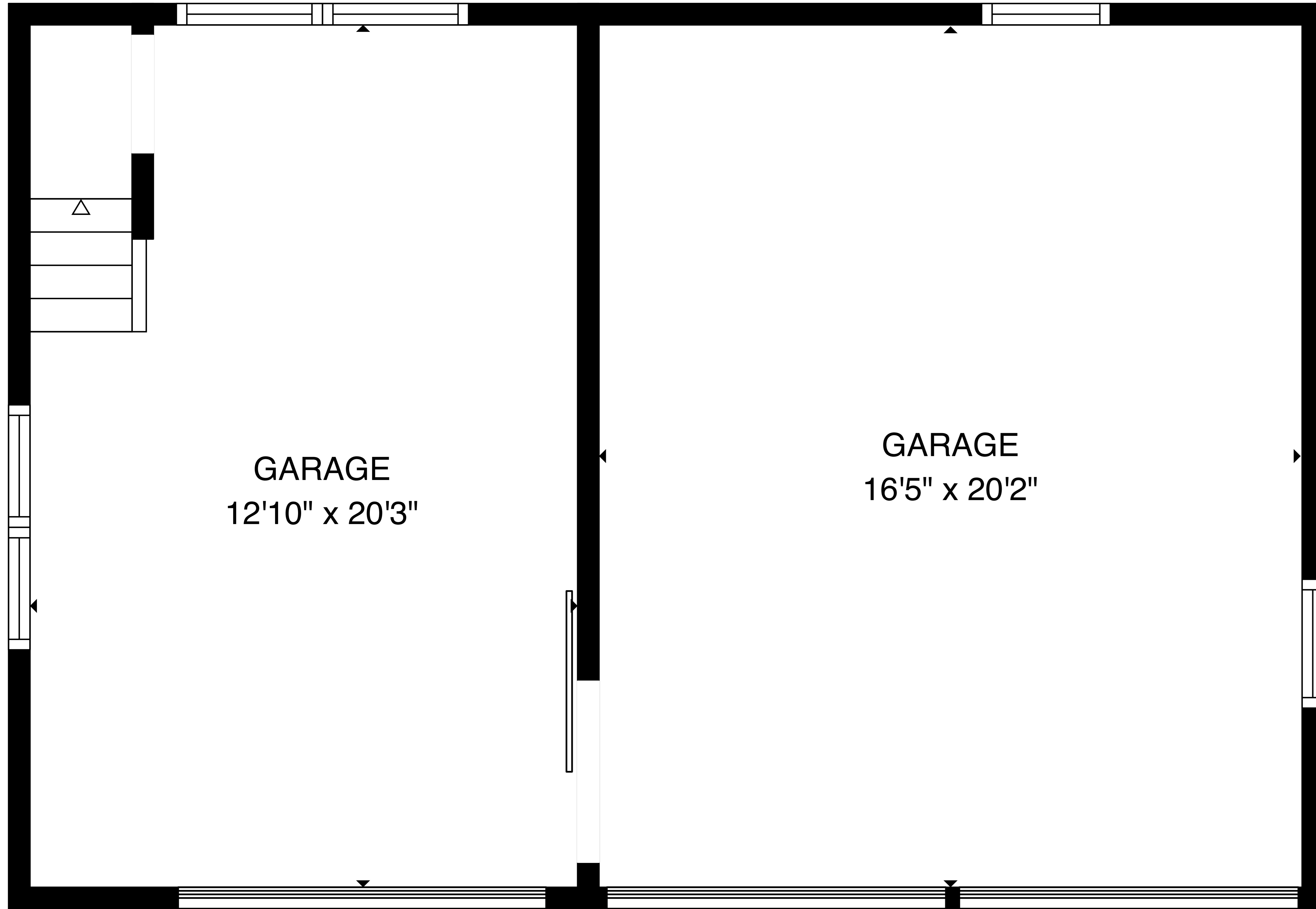
FLOOR 3

All measurements are approximate and not guaranteed. This illustration is provided for marketing and layout purposes only. All information should be verified independently.

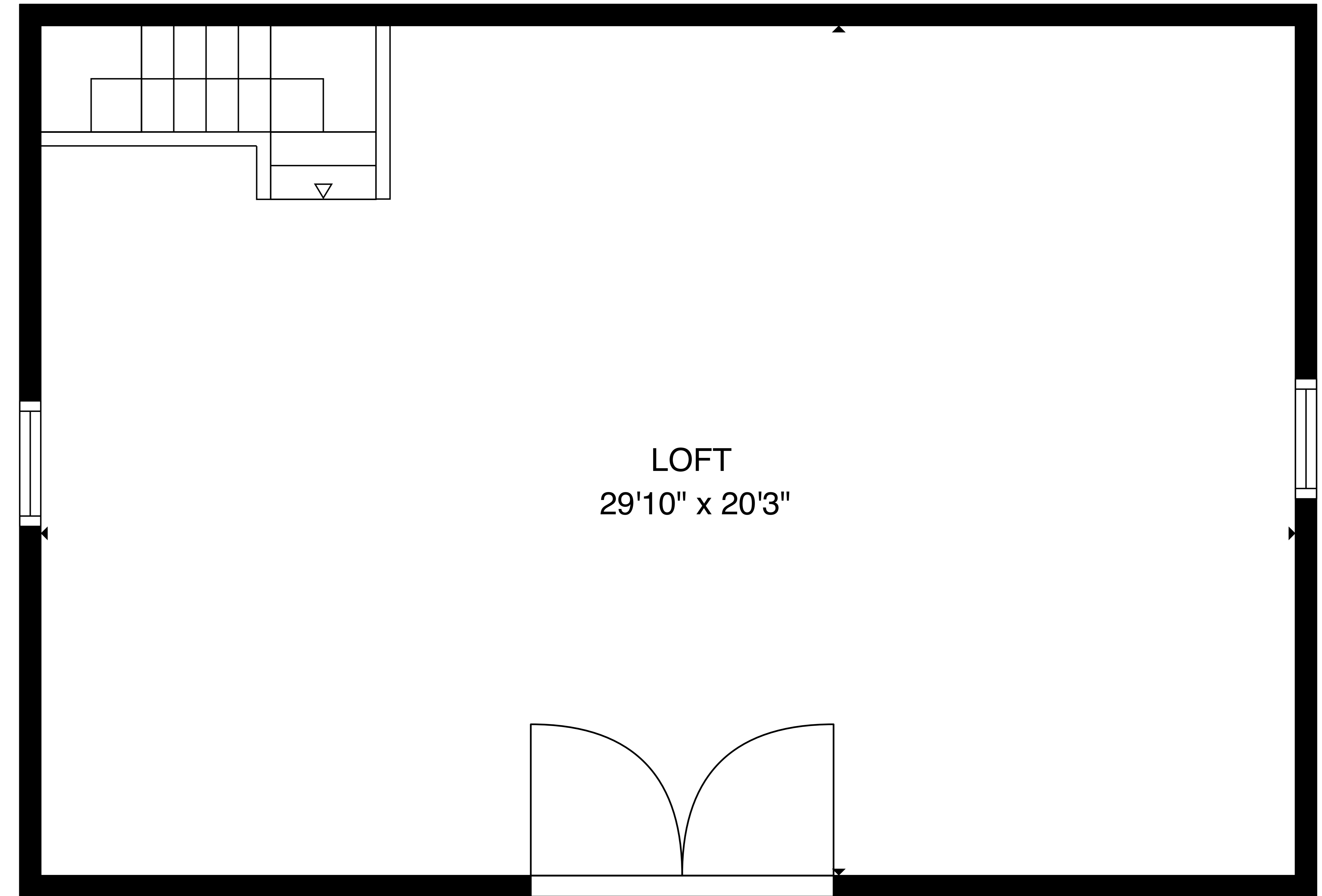


CELLAR

All measurements are approximate and not guaranteed. This illustration is provided for marketing and layout purposes only. All information should be verified independently.



LOWER LEVEL



UPPER LEVEL

CARRIAGE HOUSE

All measurements are approximate and not guaranteed. This illustration is provided for marketing and layout purposes only. All information should be verified independently.



DEPARTMENT OF
PLANNING & ZONING

Charles A. Lombardi
Mayor

Brent Wiegand
Director of Planning
and Zoning

ZONING CERTIFICATION

According to the records of the Zoning Official of the above-listed municipality, which real estate identified on Plat8, lot 343 (1358 Smith Street) is currently zoned as follows:

- Split Zone, Commercial Professional in front and RL-13 in the rear.

This being supplied to you according to Section 5-20.5-14 (35) of the General Laws. As zoning is a matter of interpretation, this is intended to be solely a guide and you should seek legal counsel, whom can best advise you as to the requirements of the Zoning Code. This information contained herein is not intended to replace that kind of professional advice and assistance. For these reasons we cannot guarantee or warrant the accuracy of this information.



Zoning Director

10/27/24

Date

Additional notes"

- 2 legal commercial units
- Adaptive Reuse permitted conditional to meeting all requirements of Ordinance Number 23-030Z Subsection A.
- Accessory Dwelling units permitted under State law 2024—S 2998 Substitute A

CP (Commercial Professional) District Use Regulations*

Sec. 35-39 North Providence Zoning Ordinance

Permitted by Right:

Single Family Detached Dwelling
Accessory Dwelling Units (under art.II)
Two Family Dwelling structure
Home Occupation
Community Residences
Professional Office in a dwelling as a home occupation (under article II)
Professional office, real estate insurance agency, travel etc. licensed nutritionist
Doctor or dentist (no overnight stay)
Telemarketing Office
Accountant
Office for Wholesale or Manufacturing Use
Lunch rooms or restaurants entertainment and liquor license to be granted by town council
Microbrewery brewer's license to be granted by State of Rhode Island
Barber, hair salon, or beautician
Shoe repair, tailor
Laundry/cleaning pick-up only
Dry Cleaners
Laundromat
Radio/TV studio
Veterinary/Pet Shop
Pet Grooming
Family day care home (more than 6 unrelated children)
Family day care center (more than 6 unrelated children)
Drive thru window (incidental to a main service/retail use)
Arts Education
Off-street parking facility (accessory to a use that is permitted within the district....)
Any accessory use customarily incidental to a main use permitted in the district and located on the same site and the same zoning district

Special Uses allowed (if granted) in the CP zone are

Multi-family dwelling structure (3 or more units)
Professional School, hair, computers, etc.
Gasoline Station (gasoline sales only)
Gasoline Station (major repairs only)

***2. Adaptive reuse projects (in pertinent part from Sec. 35-39 of the North Providence Zoning Ordinance)**

1. Permitted use. Adaptive reuse for the conversion of any commercial building, including offices, school, religious facilities, medical buildings, and malls into residential units or mixed-use developments is a permitted use, under the criteria described below under eligibility.

2. Eligibility

a. Adaptive reuse development must include at least 50 percent of the existing gross floor area developed into residential units.

b. There are no environmental land use restrictions recorded on the property preventing the conversion to residential use by RIDEM or the US EPA

3. Density Calculations:

b. For all other adaptive reuse projects (ours as fewer than 15 dwelling units per acre) the residential density permitted in the converted structure shall be the maximum allowed that otherwise meets all standards of minimum housing and has access to public sewer treatment systems approved by the relevant state agency for the entire development as applicable.

6. Allowed uses within an adaptive reuse project

a. Residential dwelling units are a permitted use in an adaptive reuse project regardless of the zoning district in which the structure is located...

b. Any nonresidential uses proposed as part of an adaptive reuse project must comply with the provisions of this section 35-39 for the zoning district in which the structure is located.

NORTH PROVIDENCE PRESERVATION COMMISSION
STANDARDS FOR HISTORIC ZONING
ADDITIONS AND NEW CONSTRUCTION

The NPPC has adopted the following standards for new construction and additions in its Historic Districts.

The standards are adopted from Historic Zoning Commissions across the country as well as the Secretary of the Interior Guidelines, specifically Standard 9:

THE SAME BUT DIFFERENT

“New additions, exterior alterations or related new construction will not destroy historic material, features, and spatial relationships that characterize the property. The new work will be differentiated from the old and will be compatible with the historic materials features, size, scale and proportion and massing to protect the integrity of the property and its environment.”

There are more and more new construction projects being integrated into historic districts. When an application has been made for construction of any kind in an historic district, the planning and/or zoning office should immediately contact the NPPC.

New and added construction should be of the highest quality possible and appropriate to the district. New development should respect and enhance the quality and character of the historic district. It should not appear to the passer by that the addition was an original

part of the building but should maintain a proper relationship between the form, mass and scale of the original structure.

COMPATIBILITY

The proposed new construction or addition does not have to replicate the existing style of the surrounding architecture but should be compatible and should be evaluated by the following:

1. Site placement
2. Height, massing, proportion and scale
3. Materials
4. Development patterns
5. Architectural characteristics
6. Topography
7. Parking
8. Directional expressions
9. Setbacks
10. Landscaping
11. Roof shape
12. Views
13. Sense of entry, porches, doors, stairs
14. Rhythm and size of openings
15. Development patterns

It is difficult designing new construction that is different from but compatible with its historic surrounds. The process requires early and continuous communication with NPPC to make the building work for the community and the owner. The NPPC will aid the owner with designing a compatible building.

THE GOAL IS TO CREATE BUILDINGS THAT WILL BE WORTH PRESERVING IN THE FUTURE

APPLICATION PROCESS

The applicant should consult with the planning staff prior to application. A site visit prior to application and during the preliminary design is important. At this time the applicant should provide a written description of the project including photographs of the site

FILING FOR A CERTIFICATE OF APPROPRIATENESS

Documentation must accompany applications, including specifications, drawings and photos. Any zoning variances need to be obtained prior to application. Attaining a variance does not guarantee approval of the project.

CONCEPTUAL REVIEW

Once the application is filed a conceptual review is scheduled at a public meeting. The applicant should have all designs and documentation in place addressing all 15 items of compatibility.

FINAL REVIEW

Once the conceptual review is approved, a public meeting will be held where the applicant presents the final drawing that reflect the comments and concerns from the conceptual review meeting. The final approval will not be issued until the NPPC completes its review.

DECISION

The applicant must apply for all necessary permits. If approved, the applicant must meet all conditions of approval before a building permit is given. If the applicant is denied, the project may not proceed. The decision may be appealed within 30 days of the decision. The record of the hearing will be examined to determine if errors were made during the hearing process. The Appeal Board may not substitute its own judgment.

CHANGES TO AN APPROVED PROJECT

Any changes to an approved project either prior to or during the construction process will be reviewed by the NPPC.



RHODE ISLAND MULTI-UNIT REAL ESTATE SALES DISCLOSURE FORM

Rhode Island Association of REALTORS®



SELLER

DATE 05/06/2026 PROPERTY ADDRESS 1358 Smith St
North Providence, RI 02911

Seller: Brentvin Associates LLC Current Address: 158 Racquet Rd, Jamestown, RI 02835

Seller has occupied subject property? Yes No If yes, number of years and when: 1985 - 2021 (1st-floor used as my ophthalmologist office)

Pursuant to R.I.G.L. Section 5-20.8-2 "Prior to the signing of an agreement to transfer real estate (vacant land or real property and improvements consisting of a house or building containing one (1) to four (4) dwelling units), Seller is providing Buyer with this written disclosure of all deficient conditions of which Seller has knowledge. This is not a warranty by Seller that no other defective conditions exist, which there may or may not be. Buyer should estimate the cost of repair or replacement of deficient conditions prior to submitting an offer on this real estate. Buyer is advised however not to rely solely upon the representation of Seller made in this disclosure, but to conduct any inspections or investigations which Buyer deems to be necessary to protect his or her best interest." Nothing contained herein shall be construed to impose an affirmative duty on the Seller to conduct inspections as to the condition of this real estate. "Some types of transactions, included, but not limited to, the transfer of commercial real estate or transfer by a fiduciary in the course of the administration of a decedent's estate, guardianship, conservatorship, or trust are exempt from this requirement. See R.I.G.L. 5-20.8 for a list of exemptions from this requirement." **It is recommended that the Seller complete this Multi-Unit Disclosure for the common areas of the building and grounds along with a separate Multi-Unit Addendum for each unit to address any differences.**

STATEMENT

Any agreement to transfer real estate shall contain an acknowledgment that a completed real estate disclosure form has been provided to the Buyer by the Seller in accordance with the provisions of this section. This form has been designed to meet the Real Estate Disclosure requirements of Rhode Island General Law 5-20.8. Seller acknowledges that the following property information is accurate, true and complete to the best of his/her knowledge, and that no information concerning the property has been knowingly withheld. Seller further acknowledges that the legal and/or tax consequences of this real estate sale and all related transactions may be best discussed with an attorney, accountant, or other appropriate party and that Seller has not relied on the Listing Licensee(s) for such advice. This disclosure represents the condition of the property at the time when Seller completed and signed this form. **Seller is obligated to report to the Listing Licensee(s) and Buyer(s) any known changes prior to closing.**

GENERAL DISCLAIMER

Neither the Seller nor listing licensee has a legal duty to disclose issues of psychological impact, including, but not limited to homicides, felonies, and suicides on or near the property. See R.I.G.L. § 5-20.8-6. If these and other topics, including information about schools, crime, and the presence of convicted felons in the neighborhood are relevant to Buyer's decision to purchase this property, Buyer may wish to investigate further.

STRUCTURE

Please indicate by a check mark for "Yes" or "No," or mark "UK" (Unknown), if you do not have actual knowledge of the property conditions.

1. Year Built

1900 Addition(s): Side portion; Front portion Year(s): 1986; 1991

2. Roof (Shingles)

Age: 15 # of Layers: 1 Previous Repairs: None
Known Defects: None

3. Fireplaces

1 # Working: Yes Maintenance History: Re-pointing and capping of chimney

4. Wood/Coal/Gas/Pellet Stove(s)

Yes No If yes, Type _____ When installed? _____
Permit received? Yes No Copy attached? Yes No

5. Heating System [See Multi-Unit Addendum]

6. Underground Storage Tank(s) [Oil/Propane/Other]

Underground tank on property? Yes No Unknown
a. Tank in use? Yes No Unknown Tested? Yes No Unknown Size of tank: _____ Fuel type: _____
Owned _____ Leased _____ Terms of Lease (\$ per month or year) _____ Duration of Lease _____
Copy of lease available? Yes No Copy attached? Yes No
b. Tank closed? Yes No Unknown Size of tank: _____ Fuel type: _____
Tank filled? Yes No Unknown If yes, documentation available.
Tank removed? Yes No Unknown If yes, documentation available.

7. Domestic Hot Water [See Multi-Unit Addendum]

BUYER'S INITIAL

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 SELLER'S INITIALS

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05/06/26
8:45 PM EDT
dotloop verified

8. Plumbing

Type: Copper Galvanized PVC Mixed None Other _____ Unknown

Do any defects/malfunctions exist? Yes (Explain) _____ No Unknown

Modifications? Yes (Explain) Plumbed for medical office use. _____ No Unknown

9. Electrical Service [See Multi-Unit Addendum]

10. Solar Equipment/System

Yes No Unknown Age: _____ Type of System: Space Heating Electrical Water Heating Unknown

Other (please specify) _____

Owned _____ Leased _____ Terms of lease (\$ per month or year) _____ Duration of Lease _____

Copy of lease available? Yes No Copy attached? Yes No Operational? Yes No Unknown

11. Air Conditioning [See Multi-Unit Addendum]

12. Insulation

Wall: Yes No Unknown Type Blown-in _____; Ceiling: Yes No Unknown Type _____;

Floor: Yes No Unknown Type _____ Ureaformaldehyde Insulation: Yes No Unknown

Additional Structural Information (Attach additional sheets if necessary.)

UTILITIES

13. Sewer, Septic and Other Wastewater Disposal Systems

Type in Use: Private Public Both

Public System: Is it connected? Yes No If not, is sewer available? Yes No Unknown

Outstanding Assessment? Yes No Minimum Annual Fee: \$ _____ Outstanding Balance \$ _____

Is Seller aware of any sewer backup or failure? Yes No Unknown If yes, please explain. _____

Sewer line maintenance and repair history (i.e. snaking, scoping): _____

Private System: (check all that apply), Cesspool Septic: Leach field Galleys Denitrification System Unknown

Other _____

OWTS Design (DEM approved # of Bedrooms): _____ Copy Available? Yes No Copy attached? Yes No

Location: _____ Date installed: _____

Maintenance Requirements (State/Local): _____

Sanitation Company used: _____

Last pumped: _____ Other Connections (Drywell, etc.): _____

Is Seller aware of any backup or failure? Yes No Unknown If yes, please explain. _____

OWTS maintenance and repair history: _____

Is the System shared? Yes No Unknown If yes, please explain. _____

Sewage Pumps? Yes No Unknown If yes, Type: Macerator/Grinder Pump Ejector Pump Both Unknown

Location: _____

Maintenance History (Any Failure): _____

"Potential purchasers of real estate in the state of Rhode Island are hereby notified that many properties in the state are still serviced by cesspools as defined in R.I.G.L. Chapter 23-19.15 (The RI Cesspool Phase-Out Act of 2007). Cesspools are a substandard and inadequate means of sewage treatment and disposal, and cesspools often contribute to groundwater and surface water contamination. Requirements for abandonment and replacement of high-risk cesspools as established in R.I.G.L. Chapter 23-19.15 are primarily based upon a cesspool's non-treatment of wastewater and the inherent risks to public health and the environment due to a cesspool's distance from a tidal water area, or a public drinking water resource. Purchasers should consult R.I.G.L. Chapter 23-19.15 for specific cesspool abandonment or replacement requirements. An inspection of property served by an on-site sewage system by a qualified professional is recommended prior to purchase. Pursuant to R.I.G.L. Section 5-20.8-13, potential purchasers shall be permitted a ten (10) day period to conduct an inspection of a property's sewage system to determine if a cesspool exists, and if so, whether it will be subject to the phase-out requirements as established in R.I.G.L. Chapter 23-19.15."

14. Water System

Public Filtration System? Yes No

Private If private: "Buyer understands that this property is, or will be served by a private water supply (well) which may be susceptible to contamination, availability, and potentially harmful to health." "The Seller of that property is required to provide the Buyer with a copy of any private water supply (well) testing results in the Seller's possession and notify the Buyer of any known problems with the private water supply (well)."

"If a public water supply is not available, the private water supply must be tested in accordance with regulations established by the RI Department of Health pursuant to R.I.G.L. Section 23-1-5.3."

BUYER'S INITIAL

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 SELLER'S INITIALS

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Dug Well or Drilled Well? Depth: _____ Location: _____
 Well water inspection certificate available? Yes No Copy attached? Yes No
 Water Quality Problems? Yes No If yes, explain _____
 Whole House Filtration System? Yes No Rented? Yes No Terms of lease (\$ per month or year) _____
 Duration of Lease _____
 Treatment System? Yes No Rented? Yes No Terms of lease (\$ per month or year) _____
 Duration of Lease _____

Additional Utilities Information (Attach additional sheets if necessary.)

MUNICIPAL INFORMATION

15. Real Estate Property Tax
 \$13,064 for fiscal/calendar year ending 2025 Tax Rate: \$24.32 Current Exemptions: None

16. Municipal Fire District Tax
 Name of Fire District _____
 \$ _____ for fiscal/calendar year ending _____ Tax Rate: _____ Current Exemptions: _____

17. Easements/Encroachments
 Seller is legally required to provide the Buyer with a copy of any previous surveys of the property and documentation of conservation and/or preservation easements and restrictions that are in the Seller's possession and notify the Buyer of any known easements, encroachments, covenants or restrictions of the Seller's property. A Buyer may wish to have a boundary or other survey independently performed at Buyer's expense.
 Does Seller have a copy of any surveys in his/her possession? Yes No Unknown Copy attached? Yes No
 Does Seller have any knowledge of easement(s), preservation restrictions or right(s) of way on property? Yes No Unknown
 If yes, describe _____
 Does Seller have a copy of documentation of conservation and/or preservation easements or restrictions in his/her possession?
 Yes No Unknown Copy attached? Yes No
 Does Seller have any knowledge of Encroachments? Yes No Unknown If yes, describe _____

18. Deed
 Type of deed to be conveyed: Warranty Quitclaim Trustee's Foreclosure Collector's Executor's
 Other _____ Number of parcels conveying: 1

19. Zoning/Historical
 "Buyers of real estate in the State of Rhode Island are legally obligated to comply with all local real estate ordinances; including, but not limited to ordinances on the number of unrelated persons who may legally reside in a dwelling, as well as ordinances on the number of dwelling units permitted under the local zoning ordinances. If the subject property is located in a historic district, that fact must be disclosed to the buyer, together with the notification that property located in a historic district may be subject to construction, expansion, or renovation limitations. Contact the local building inspection official for details."
 Classification:
 Have you applied for or been granted a special use permit for this property? Yes No
 If yes, explain: _____
 Is the current use a permitted use under the current zoning regulations? Yes No Unknown
 If no, explain: _____
 Is the current use non-conforming in any other way? Yes No Unknown
 If yes, explain: _____
 Is this property located in a historic district? Yes No Unknown Historic restrictions? Yes No Unknown

20. Property Restrictions
 Are there any recorded Property restrictions? Yes (Explain) _____ No Unknown
 Type of Restriction: Deed Subdivision Copy attached? Yes No

21. Building Permits
 Have building permits been obtained for all required construction and/or renovation while you have owned the property? Yes No
 If no, explain: _____
 If yes, has final approval been obtained? Yes No

22. Building Code/or Minimum Housing
 Outstanding Violations for which you have been cited while you have owned this property (attach copy): _____

23. Flood Plain
 Is the property located in a flood plain? Yes No Unknown Is there flood insurance on the property? Yes No
 Is there an Elevation Certificate? Yes No Copy attached? Yes No

Is there a Letter of Map Amendment (LOMA)? Yes No Copy attached? Yes No

Flood maps and flood insurance rates are subject to change. For more information, contact the Federal Emergency Management Agency (FEMA) Map Service Center, the National Flood Insurance Program (NFIP) coordinator in the municipality, or an insurance agent for more information.

24. Wetlands

The location of coastal wetlands, bays, fresh water wetlands, ponds, marshes, river banks or swamps, as those terms are defined in R.I.G.L. 2-1 and the associated buffer areas may impact future property development. If known, Seller must disclose to the Buyer any such determination on all or part of the land made by the Department of Environmental Management.

Has all or part of property been determined to be coastal wetland, bog, freshwater wetland, pond, marsh, river bank or swamp?

Yes (Explain) _____
 No Unknown Copy attached? Yes No

25. Farms

Any farm(s) that may be in the municipality are protected by R.I.G.L. 2-23, the "Right to Farm Law." If Buyer feels that this information is relevant to Buyer's decision to purchase this property, Buyer should investigate further.

26. Shoreline Access

"Members of the public shall have the right to access shoreline property as defined in § 5-20.8-1. The public's rights and privileges of the shore may be exercised, where shore exists, on wet sand or dry sand or rocky beach, up to ten feet (10') landward of the "recognizable high tide line" subject to the restrictions governed by § 46-23-26 and any general laws to the contrary. The seller of the real estate is required to notify the buyer of any public rights of way on the real estate that are known to the seller. The seller shall provide the buyer with a copy of any documentation evidencing such rights of way or conditions of public access that is in the seller's possession. The buyer is advised to contact the Coastal Resources Management Council, the municipality or applicable nonprofit organizations to determine whether any public rights of way exist. The seller shall provide the buyer with a copy of any permits relating to the real estate that were issued by the Coastal Resources Management Council and that are in the seller's possession."

Does Seller have any knowledge of public right(s) of way relating to shoreline access on the property? Yes No Unknown

If yes, describe _____

Does Seller have a copy of documentation of public right(s) of way in his/her possession? Yes No Unknown Copy attached? Yes No

Is Seller aware of any permit(s) relating to the property that were issued by the Coastal Resources Management Council (CRMC)?

If yes, describe _____

Does Seller have a copy of any permits issued by CRMC in his/her possession? Yes No Unknown Copy attached? Yes No

Additional Municipal Information (Attach additional sheets if necessary.)

NOTICES/DISCLOSURES

27. Rental Property

Are income and expense figures available? Yes No Copy attached? Yes No

Number of Legal Units: 3 Seller shall provide a copy of Confirmation of Rental Terms. Copy attached? Yes No

Additional Multi Unit Information (Attach additional sheets if necessary and/or a Multi-Unit Addendum for each unit.)

28. Pools & Equipment

Age of pool: _____ Maintenance History (Any Defects): _____

Was a permit obtained for the pool? Yes No Unknown

29. Lead Contamination

"Every Buyer of residential real estate built prior to 1978 is hereby notified that those properties may have lead exposures that may place young children at risk of developing lead poisoning. Lead poisoning in young children may produce permanent neurological damage, including learning disabilities, reduced IQ behavioral problems, and impaired memory. The Seller of that property is required to provide the Buyer with a copy of any lead inspection report in the Seller's possession and notify the Buyer of any known lead poisoning problem. Environmental lead inspection is recommended prior to purchase."

Have you ever had a lead paint inspection conducted? Yes No Copy attached? Yes No

Lead compliance certificate(s) available? Yes No Copy attached? Yes No

Are you aware of any lead in your water service line? Yes No Unknown

30. Smoke/Carbon Monoxide Detectors

Installed and functioning? Yes No R.I.G.L. 23-28.1 requires certain residential dwellings to be equipped with an approved smoke detector and carbon monoxide detector system. **Contact the local Fire Marshal to determine the requirements for this Property.**

BUYER'S INITIAL

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 SELLER'S INITIALS

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31. Radon

"Radon has been determined to exist in the State of Rhode Island. Testing for the presence of radon in residential real estate prior to purchase is advisable."

Has property been tested for radon? Yes No If yes, # of Pico curies/liter: _____
Copy of test available? Yes No Copy attached? Yes No Any action taken? _____
Is a Radon Mitigation System installed? Yes No Is Radon Mitigation System functioning? Yes No

32. Mold

According to the RI Department of Health, "Exposure to a large number of mold spores may cause allergic symptoms such as watery eyes, runny nose, sneezing, itching, coughing, wheezing, difficulty breathing, headache, and fatigue. Repeated exposure to mold can increase a person's sensitivity, causing more severe allergic reactions. Testing for molds is very difficult and expensive and cannot determine whether health effects will occur. If you can see or smell mold it needs to be cleaned up. Sources of moisture may include: flooding, damp basement or crawl space, leaky roof, leaky plumbing, humidifiers, poorly ventilated areas, and/or clothes dryer vented indoors."

Is Seller aware of the presence of any severe mold conditions, including moisture penetration and/or damage? Yes No Unknown
If yes, please describe: _____

Has the property previously been tested for mold? Yes No Unknown Copy attached? Yes No
Any previous mold mitigation action taken, including modifications to any ventilation system? Yes No Unknown If yes, please describe: _____

33. Homeowners Insurance Claims History

Are you aware of any homeowners insurance claims pertaining to this property that have been filed while you have owned it?

Yes No If yes, please list all claims. Interior waste stack cracked and was replaced approximately 15 years ago.

Additional Notices/Disclosures Information (Attach additional sheets if necessary.)

STRUCTURE

Do any defects/malfunctions exist in any of the following? Mark Yes (Y), No (N), Unknown (UK) or Not Applicable (NA).

- | Y | N | UK | NA | | Y | N | UK | NA | | Y | N | UK | NA | | | | |
|-----|--------------------------|-------------------------------------|--------------------------|-------------------------------------|--|-----|--------------------------|-------------------------------------|--------------------------|--------------------------|--------------------|-----|--------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------|
| 34. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Basement | 40. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Driveway(s) | 45. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Sidewalks |
| 35. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Bulkhead/Hatchway | 41. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Exterior Walls | 46. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Walls/Fences |
| 36. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ceilings | 42. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Floors | 47. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Windows |
| 37. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Chimney(s) | 43. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Foundation/Slab(s) | | | | | | |
| 38. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Doors | 44. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Interior Walls | | | | | | |
| 39. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Other Structural Components (Describe) _____ | | | | | | | | | | | | |

If the answer to any of the items is Yes (Y), please explain. (Attach additional sheets if necessary.)

EQUIPMENT/SYSTEMS/APPLIANCES [See Multi-Unit Addendum]

Check the equipment/systems/appliances that are conveying with the sale, as well as applicable age and condition. If unknown, check UK. If not applicable, check NA.

- | | Included in Sale | Age | Condition |
|--------------------------|---|--|--|
| 48. Coin-Operated Washer | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA | <input type="checkbox"/> <1yr <input type="checkbox"/> 1-5yrs <input type="checkbox"/> 6-10 yrs <input type="checkbox"/> 10+ <input type="checkbox"/> UK | <input type="checkbox"/> Working <input type="checkbox"/> Needs Repair <input type="checkbox"/> UK |
| 49. Coin-Operated Dryer | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA | <input type="checkbox"/> <1yr <input type="checkbox"/> 1-5yrs <input type="checkbox"/> 6-10 yrs <input type="checkbox"/> 10+ <input type="checkbox"/> UK | <input type="checkbox"/> Working <input type="checkbox"/> Needs Repair <input type="checkbox"/> UK |

If the answer to either of the items is Needs Repair, please explain. (Attach additional sheets if necessary.)

[Refer to Multi-Unit Addendum for Numbers 50 to 72]

BUYER'S INITIAL SELLER'S INITIALS 

8/5/06/26
8:45 PM EDT
dotloop verified

CONDITIONS

Do any of the following conditions exist? Yes (Y), No (N), Unknown (UK) or Not Applicable (NA).

- | <u>Y</u> | <u>N</u> | <u>UK</u> | <u>NA</u> | | |
|----------|--------------------------|-------------------------------------|--------------------------|--------------------------|--|
| 73. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Asbestos |
| 74. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Cemetery or Burial Ground on Property |
| 75. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Diseased Tree(s) within 100' of Dwelling/Outbuilding |
| 76. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Endangered Species/Habitat on Property |
| 77. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Hazardous or Toxic Waste |
| 78. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Hazardous or Toxic Waste Site Within 1 Mile |
| 79. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Improper Drainage |
| 80. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Previous Fire/Smoke Damage |
| 81. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Settling |
| 82. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Soil Movement |
| 83. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Subsurface Structure(s) or Pit(s) |
| 84. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Synthetic Stucco / EIFS |
| 85. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Water Penetration |

- | <u>Y</u> | <u>N</u> | <u>UK</u> | <u>NA</u> | | |
|----------|--------------------------|-------------------------------------|--------------------------|--------------------------|----------|
| 86. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Wood Rot |

Previous Flooding:

- | | | | | | |
|-----|--------------------------|-------------------------------------|--------------------------|--------------------------|-----------------------|
| 87. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Into the Improvements |
| 88. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Onto the Property |

Structural Repairs:

- | | | | | | |
|-----|--------------------------|-------------------------------------|--------------------------|--------------------------|-----------------------------|
| 89. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Previous Foundation Repairs |
| 90. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Other Structural Repairs |

Termites or Other Wood-Destroying Insects:

- | | | | | | |
|-----|--------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| 91. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Active Infestation |
| 92. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Previous Treatment |
| 93. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Previous Damage Repaired |
| 94. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Damage Needing Repair |
| 95. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Current Service Contract |

If the answer to any of the conditions is Yes (Y), please explain. (Attach additional sheets if necessary.)

COMMENTS

Additional Comments:

ACKNOWLEDGMENT

Seller acknowledges that the information set forth above is true and accurate to the best of my (our) knowledge. Seller further agrees to defend and indemnify the Listing Licensee(s) for disclosure of any of the information contained herein. Seller further acknowledges receipt of copy of Seller's R.I. Real Estate Sales Disclosure Form.

Seller Donald Farguoli dotloop verified 05/06/26 8:45 PM EDT MRMR-XLJY-HOTY-4BJR Date _____ Seller _____ Date _____

Seller _____ Date _____ Seller _____ Date _____

Buyer/Prospective Buyer acknowledges receipt of Seller's R.I. Real Estate Sales Disclosure Form before purchase. Buyer acknowledges that Broker has not verified the information herein and Buyer has been advised to verify information independently.

Buyer _____ Date _____ Buyer _____ Date _____

Buyer _____ Date _____ Buyer _____ Date _____

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MULTI-UNIT ADDENDUM TO RHODE ISLAND MULTI-UNIT REAL ESTATE SALES DISCLOSURE
Rhode Island Association of REALTORS®



PROPERTY ADDRESS: 1358 Smith St UNIT: #1

Lease period: Has never been leased / owner used as medical practice Copy available? Yes No Copy attached? Yes No

Security Deposit: Yes No Amount: \$ _____ Current Monthly Rent: \$ _____

In reference to the Rhode Island Multi-Unit Real Estate Sales Disclosure ("Disclosure"), the undersigned Seller(s) provides the following additional information for each rental unit. (Complete one addendum per unit.)

5. Heating System

System Type: Forced Hot Water Age: 3 Fuel Type: Gas Number of zones: 4

Size of onsite storage tank: _____ Owned by: Fuel Provider Seller

Supplemental heating? Yes No Unknown If yes, type? _____ Do any defects/malfunctions exist? Yes (Explain) No Unknown

Modifications? Yes (Explain) Converted from steam to FHW in the 1980s; new boiler installed 3 years ago. No Unknown

Is the System shared? Yes No Unknown If yes, shared with which Unit(s)? _____

Heat/Fuel is paid by [check one] Tenant Landlord

7. Domestic Hot Water

Heating Source: Electric If a separate tank, capacity: 40 gal. Age 7

Tank rented? Yes No If yes, Company rented from _____

Known Defects: No

Is the System shared? Yes No Unknown If yes, shared with which Unit(s)? _____

Hot water is paid by [check one] Tenant Landlord

9. Electrical Service

Fuses _____ Circuit Breakers x Amps _____ Unknown _____

Type: Aluminum Wiring Knob & Tube BX Cable Romex x Other Unknown

Do any defects/malfunctions exist? Yes (Explain) _____ No Unknown

Modifications? Yes Electrical service updated throughout ownership. No Unknown

Does the Tenant pay the electric bill for the unit the Tenant leases? Yes No

11. Air Conditioning

Yes No Unknown Age: ~20

Type of System: Central Air: Number of Zones 2 Ductless Window Units: Number of Units _____ Age _____

Built in Wall Units: Number of Units _____ Age _____

Location _____ Maintenance History Fan and condenser repaired approx. 3 years ago

Do any defects/malfunctions exist? Yes (Explain) System is older, but still functional and serviced annually. No Unknown

Modifications? Yes (Explain) Central air added approx. 20 years ago. No Unknown

Is the System shared? Yes No Unknown If yes, shared with which Unit(s)? _____

EQUIPMENT/SYSTEMS/APPLIANCES

Check the equipment/systems/appliances that are owned by the seller and conveying with the above unit, as part of the sale, as well as applicable age and condition. If unknown, check UK. If not applicable, check NA.

	Included in Sale	Age	Condition
50. Alarm/Security System	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> <1yr <input type="checkbox"/> 1-5yrs <input type="checkbox"/> 6-10 yrs <input checked="" type="checkbox"/> 10+ <input type="checkbox"/> UK	<input checked="" type="checkbox"/> Working <input type="checkbox"/> Needs Repair <input type="checkbox"/> UK
51. Ceiling/Whole House Fan	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> <1yr <input type="checkbox"/> 1-5yrs <input type="checkbox"/> 6-10 yrs <input type="checkbox"/> 10+ <input type="checkbox"/> UK	<input type="checkbox"/> Working <input type="checkbox"/> Needs Repair <input type="checkbox"/> UK
52. Central Vac/Equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> <1yr <input type="checkbox"/> 1-5yrs <input type="checkbox"/> 6-10 yrs <input type="checkbox"/> 10+ <input type="checkbox"/> UK	<input type="checkbox"/> Working <input type="checkbox"/> Needs Repair <input type="checkbox"/> UK
53. Dehumidifier	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> <1yr <input type="checkbox"/> 1-5yrs <input type="checkbox"/> 6-10 yrs <input type="checkbox"/> 10+ <input type="checkbox"/> UK	<input type="checkbox"/> Working <input type="checkbox"/> Needs Repair <input type="checkbox"/> UK
54. Dishwasher	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> <1yr <input type="checkbox"/> 1-5yrs <input type="checkbox"/> 6-10 yrs <input type="checkbox"/> 10+ <input type="checkbox"/> UK	<input type="checkbox"/> Working <input type="checkbox"/> Needs Repair <input type="checkbox"/> UK
55. Dryer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> <1yr <input type="checkbox"/> 1-5yrs <input type="checkbox"/> 6-10 yrs <input type="checkbox"/> 10+ <input type="checkbox"/> UK	<input type="checkbox"/> Working <input type="checkbox"/> Needs Repair <input type="checkbox"/> UK
56. Garage Door Opener(s)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> <1yr <input type="checkbox"/> 1-5yrs <input type="checkbox"/> 6-10 yrs <input type="checkbox"/> 10+ <input type="checkbox"/> UK	<input type="checkbox"/> Working <input type="checkbox"/> Needs Repair <input type="checkbox"/> UK
57. Garbage Disposal	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> <1yr <input type="checkbox"/> 1-5yrs <input type="checkbox"/> 6-10 yrs <input type="checkbox"/> 10+ <input type="checkbox"/> UK	<input type="checkbox"/> Working <input type="checkbox"/> Needs Repair <input type="checkbox"/> UK
58. Generator	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> <1yr <input type="checkbox"/> 1-5yrs <input type="checkbox"/> 6-10 yrs <input type="checkbox"/> 10+ <input type="checkbox"/> UK	<input type="checkbox"/> Working <input type="checkbox"/> Needs Repair <input type="checkbox"/> UK
59. Hot Tub/Sauna	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> <1yr <input type="checkbox"/> 1-5yrs <input type="checkbox"/> 6-10 yrs <input type="checkbox"/> 10+ <input type="checkbox"/> UK	<input type="checkbox"/> Working <input type="checkbox"/> Needs Repair <input type="checkbox"/> UK
60. Intercom System	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> <1yr <input type="checkbox"/> 1-5yrs <input type="checkbox"/> 6-10 yrs <input type="checkbox"/> 10+ <input type="checkbox"/> UK	<input type="checkbox"/> Working <input type="checkbox"/> Needs Repair <input type="checkbox"/> UK

- 61. Jacuzzi/Whirlpool Yes No NA <1yr 1-5yrs 6-10 yrs 10+ UK Working Needs Repair UK
- 62. Kitchen Stove/Oven Yes No NA <1yr 1-5yrs 6-10 yrs 10+ UK Working Needs Repair UK
- 63. Microwave Yes No NA <1yr 1-5yrs 6-10 yrs 10+ UK Working Needs Repair UK
- 64. Refrigerator Yes No NA <1yr 1-5yrs 6-10 yrs 10+ UK Working Needs Repair UK
- 65. Satellite Dish Yes No NA <1yr 1-5yrs 6-10 yrs 10+ UK Working Needs Repair UK
- 66. Stand-Alone Freezer Yes No NA <1yr 1-5yrs 6-10 yrs 10+ UK Working Needs Repair UK
- 67. Sump Pump Yes No NA <1yr 1-5yrs 6-10 yrs 10+ UK Working Needs Repair UK
- 68. Trash Compactor Yes No NA <1yr 1-5yrs 6-10 yrs 10+ UK Working Needs Repair UK
- 69. Washer Yes No NA <1yr 1-5yrs 6-10 yrs 10+ UK Working Needs Repair UK
- 70. _____ Yes No NA <1yr 1-5yrs 6-10 yrs 10+ UK Working Needs Repair UK
- 71. _____ Yes No NA <1yr 1-5yrs 6-10 yrs 10+ UK Working Needs Repair UK
- 72. _____ Yes No NA <1yr 1-5yrs 6-10 yrs 10+ UK Working Needs Repair UK

If the answer to any of the items is Needs Repair, please explain. (Attach additional sheets if necessary.)

There are two (2) sump pumps in basement. There is one (1) dehumidifier in the basement.

OTHER:

**NOTICE: THIS IS A LEGAL DOCUMENT THAT CREATES BINDING OBLIGATIONS.
IF NOT UNDERSTOOD, CONSULT AN ATTORNEY.**

ACKNOWLEDGMENT

Seller acknowledges that the information set forth above is true and accurate to the best of my (our) knowledge. Seller further agrees to defend and indemnify the Listing Licensee(s) for disclosure of any of the information contained herein. Seller further acknowledges receipt of copy of Seller's R.I. Real Estate Sales Disclosure Form.

Seller *Donald Fargnoli* dotloop verified
05/06/26 4:50 PM EDT
NDZW-69QK-5EQG-XNVX Date _____ Seller Date _____

Seller Date _____ Seller Date _____

Buyer/Prospective Buyer acknowledges receipt of Seller's R.I. Real Estate Sales Disclosure Form before purchase. Buyer acknowledges that Broker has not verified the information herein and Buyer has been advised to verify information independently.

Buyer Date _____ Buyer Date _____

Buyer Date _____ Buyer Date _____

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MULTI-UNIT ADDENDUM TO RHODE ISLAND MULTI-UNIT REAL ESTATE SALES DISCLOSURE
Rhode Island Association of REALTORS®



PROPERTY ADDRESS: 1358 Smith St UNIT: #2

Lease period: month to month Copy available? Yes No Copy attached? Yes No

Security Deposit: Yes No Amount: \$ 2,000 Current Monthly Rent: \$ 2,000

In reference to the Rhode Island Multi-Unit Real Estate Sales Disclosure ("Disclosure"), the undersigned Seller(s) provides the following additional information for each rental unit. (Complete one addendum per unit.)

5. Heating System

System Type: Forced Hot Water Age: 20 Fuel Type: Gas Number of zones: 1

Size of onsite storage tank: _____ Owned by: Fuel Provider Seller

Supplemental heating? Yes No Unknown If yes, type? mini-split Do any defects/malfunctions exist? Yes (Explain) No Unknown

Modifications? Yes (Explain) Converted from steam to FHW; new boiler installed 20 years ago. Serviced annually. No Unknown

Is the System shared? Yes No Unknown If yes, shared with which Unit(s)? _____

Heat/Fuel is paid by [check one] Tenant Landlord

7. Domestic Hot Water

Heating Source: Electric If a separate tank, capacity: 40 gal. Age 7

Tank rented? Yes No If yes, Company rented from _____

Known Defects: None.

Is the System shared? Yes No Unknown If yes, shared with which Unit(s)? _____

Hot water is paid by [check one] Tenant Landlord

9. Electrical Service

Fuses _____ Circuit Breakers x Amps _____ Unknown _____

Type: Aluminum Wiring Knob & Tube BX Cable Romex x Other Unknown

Do any defects/malfunctions exist? Yes (Explain) _____ No Unknown

Modifications? Yes Unit re-wired during ownership. No Unknown

Does the Tenant pay the electric bill for the unit the Tenant leases? Yes No

11. Air Conditioning

Yes No Unknown Age: 5

Type of System: Central Air: Number of Zones _____ Ductless Window Units: Number of Units _____ Age _____

Built in Wall Units: Number of Units _____ Age _____

Location _____ Maintenance History _____

Do any defects/malfunctions exist? Yes (Explain) _____ No Unknown

Modifications? Yes (Explain) Mini-split installed 5 years ago. No Unknown

Is the System shared? Yes No Unknown If yes, shared with which Unit(s)? _____

EQUIPMENT/SYSTEMS/APPLIANCES

Check the equipment/systems/appliances that are owned by the seller and conveying with the above unit, as part of the sale, as well as applicable age and condition. If unknown, check UK. If not applicable, check NA.

	Included in Sale	Age	Condition
50. Alarm/Security System	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> <1yr <input type="checkbox"/> 1-5yrs <input type="checkbox"/> 6-10 yrs <input type="checkbox"/> 10+ <input type="checkbox"/> UK	<input type="checkbox"/> Working <input type="checkbox"/> Needs Repair <input type="checkbox"/> UK
51. Ceiling/Whole House Fan	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> <1yr <input type="checkbox"/> 1-5yrs <input type="checkbox"/> 6-10 yrs <input type="checkbox"/> 10+ <input type="checkbox"/> UK	<input type="checkbox"/> Working <input type="checkbox"/> Needs Repair <input type="checkbox"/> UK
52. Central Vac/Equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> <1yr <input type="checkbox"/> 1-5yrs <input type="checkbox"/> 6-10 yrs <input type="checkbox"/> 10+ <input type="checkbox"/> UK	<input type="checkbox"/> Working <input type="checkbox"/> Needs Repair <input type="checkbox"/> UK
53. Dehumidifier	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> <1yr <input type="checkbox"/> 1-5yrs <input type="checkbox"/> 6-10 yrs <input type="checkbox"/> 10+ <input type="checkbox"/> UK	<input type="checkbox"/> Working <input type="checkbox"/> Needs Repair <input type="checkbox"/> UK
54. Dishwasher	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> <1yr <input checked="" type="checkbox"/> 1-5yrs <input type="checkbox"/> 6-10 yrs <input type="checkbox"/> 10+ <input type="checkbox"/> UK	<input checked="" type="checkbox"/> Working <input type="checkbox"/> Needs Repair <input type="checkbox"/> UK
55. Dryer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> <1yr <input type="checkbox"/> 1-5yrs <input type="checkbox"/> 6-10 yrs <input type="checkbox"/> 10+ <input type="checkbox"/> UK	<input type="checkbox"/> Working <input type="checkbox"/> Needs Repair <input type="checkbox"/> UK
56. Garage Door Opener(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> <1yr <input type="checkbox"/> 1-5yrs <input type="checkbox"/> 6-10 yrs <input type="checkbox"/> 10+ <input type="checkbox"/> UK	<input type="checkbox"/> Working <input type="checkbox"/> Needs Repair <input type="checkbox"/> UK
57. Garbage Disposal	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> <1yr <input type="checkbox"/> 1-5yrs <input type="checkbox"/> 6-10 yrs <input type="checkbox"/> 10+ <input type="checkbox"/> UK	<input type="checkbox"/> Working <input type="checkbox"/> Needs Repair <input type="checkbox"/> UK
58. Generator	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> <1yr <input type="checkbox"/> 1-5yrs <input type="checkbox"/> 6-10 yrs <input type="checkbox"/> 10+ <input type="checkbox"/> UK	<input type="checkbox"/> Working <input type="checkbox"/> Needs Repair <input type="checkbox"/> UK
59. Hot Tub/Sauna	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> <1yr <input type="checkbox"/> 1-5yrs <input type="checkbox"/> 6-10 yrs <input type="checkbox"/> 10+ <input type="checkbox"/> UK	<input type="checkbox"/> Working <input type="checkbox"/> Needs Repair <input type="checkbox"/> UK
60. Intercom System	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> <1yr <input type="checkbox"/> 1-5yrs <input type="checkbox"/> 6-10 yrs <input type="checkbox"/> 10+ <input type="checkbox"/> UK	<input type="checkbox"/> Working <input type="checkbox"/> Needs Repair <input type="checkbox"/> UK

BUYER'S INITIALS SELLER'S INITIALS 

- 61. Jacuzzi/Whirlpool Yes No NA <1yr 1-5yrs 6-10 yrs 10+ UK Working Needs Repair UK
- 62. Kitchen Stove/Oven Yes No NA <1yr 1-5yrs 6-10 yrs 10+ UK Working Needs Repair UK
- 63. Microwave Yes No NA <1yr 1-5yrs 6-10 yrs 10+ UK Working Needs Repair UK
- 64. Refrigerator Yes No NA <1yr 1-5yrs 6-10 yrs 10+ UK Working Needs Repair UK
- 65. Satellite Dish Yes No NA <1yr 1-5yrs 6-10 yrs 10+ UK Working Needs Repair UK
- 66. Stand-Alone Freezer Yes No NA <1yr 1-5yrs 6-10 yrs 10+ UK Working Needs Repair UK
- 67. Sump Pump Yes No NA <1yr 1-5yrs 6-10 yrs 10+ UK Working Needs Repair UK
- 68. Trash Compactor Yes No NA <1yr 1-5yrs 6-10 yrs 10+ UK Working Needs Repair UK
- 69. Washer Yes No NA <1yr 1-5yrs 6-10 yrs 10+ UK Working Needs Repair UK
- 70. _____ Yes No NA <1yr 1-5yrs 6-10 yrs 10+ UK Working Needs Repair UK
- 71. _____ Yes No NA <1yr 1-5yrs 6-10 yrs 10+ UK Working Needs Repair UK
- 72. _____ Yes No NA <1yr 1-5yrs 6-10 yrs 10+ UK Working Needs Repair UK

If the answer to any of the items is Needs Repair, please explain. (Attach additional sheets if necessary.)

OTHER:

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Seller *Donald Fargnoli* dotloop verified 05/06/26 4:15 PM EDT P25M-D19J-CQAO-73ZJ Date _____ Seller Date _____

Seller Date _____ Seller Date _____

Buyer/Prospective Buyer acknowledges receipt of Seller's R.I. Real Estate Sales Disclosure Form before purchase. Buyer acknowledges that Broker has not verified the information herein and Buyer has been advised to verify information independently.

Buyer Date _____ Buyer Date _____

Buyer Date _____ Buyer Date _____

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MULTI-UNIT ADDENDUM TO RHODE ISLAND MULTI-UNIT REAL ESTATE SALES DISCLOSURE
Rhode Island Association of REALTORS®



PROPERTY ADDRESS: 1358 Smith St UNIT: #3

Lease period: 6/1/2025 - 5/31/2026 Thereafter month-to-month Copy available? [X] Yes [] No Copy attached? [] Yes [X] No

Security Deposit: [X] Yes [] No Amount: \$ 1,400 Current Monthly Rent: \$ 1,400

In reference to the Rhode Island Multi-Unit Real Estate Sales Disclosure ("Disclosure"), the undersigned Seller(s) provides the following additional information for each rental unit. (Complete one addendum per unit.)

5. Heating System

System Type: Forced Hot Water Age: 20 Fuel Type: Gas Number of zones: 1

Size of onsite storage tank: Owned by: [] Fuel Provider [] Seller

Supplemental heating? [] Yes [X] No [] Unknown If yes, type? Do any defects/malfunctions exist? [] Yes (Explain) [] No [] Unknown

Modifications? [X] Yes (Explain) Converted from steam to FHW; new boiler 20 years ago, serviced annually. [] No [] Unknown

Is the System shared? [] Yes [X] No [] Unknown If yes, shared with which Unit(s)?

Heat/Fuel is paid by [check one] [X] Tenant [] Landlord

7. Domestic Hot Water

Heating Source: Electric If a separate tank, capacity: 40 gal. Age 7

Tank rented? [] Yes [X] No If yes, Company rented from

Known Defects: No.

Is the System shared? [] Yes [X] No [] Unknown If yes, shared with which Unit(s)?

Hot water is paid by [check one] [X] Tenant [] Landlord

9. Electrical Service

Fuses Circuit Breakers x Amps Unknown

Type: Aluminum Wiring Knob & Tube BX Cable Romex x Other Unknown

Do any defects/malfunctions exist? [] Yes (Explain) [X] No [] Unknown

Modifications? [X] Yes Unit rewired during ownership. [] No [] Unknown

Does the Tenant pay the electric bill for the unit the Tenant leases? [X] Yes [] No

11. Air Conditioning

[X] Yes [] No [] Unknown Age: Type of System: [] Central Air: Number of Zones [] Ductless [X] Window Units: Number of Units 2 Age 2

[] Built in Wall Units: Number of Units Age

Location Kitchen & bedroom Maintenance History

Do any defects/malfunctions exist? [] Yes (Explain) [X] No [] Unknown

Modifications? [] Yes (Explain) [X] No [] Unknown

Is the System shared? [] Yes [X] No [] Unknown If yes, shared with which Unit(s)?

EQUIPMENT/SYSTEMS/APPLIANCES

Check the equipment/systems/appliances that are owned by the seller and conveying with the above unit, as part of the sale, as well as applicable age and condition. If unknown, check UK. If not applicable, check NA.

Table with columns: Included in Sale, Age, Condition. Rows include Alarm/Security System, Ceiling/Whole House Fan, Central Vac/Equipment, Dehumidifier, Dishwasher, Dryer, Garage Door Opener(s), Garbage Disposal, Generator, Hot Tub/Sauna, Intercom System.

BUYER'S INITIALS [] [] SELLER'S INITIALS [] []

- 61. Jacuzzi/Whirlpool Yes No NA <1yr 1-5yrs 6-10 yrs 10+ UK Working Needs Repair UK
- 62. Kitchen Stove/Oven Yes No NA <1yr 1-5yrs 6-10 yrs 10+ UK Working Needs Repair UK
- 63. Microwave Yes No NA <1yr 1-5yrs 6-10 yrs 10+ UK Working Needs Repair UK
- 64. Refrigerator Yes No NA <1yr 1-5yrs 6-10 yrs 10+ UK Working Needs Repair UK
- 65. Satellite Dish Yes No NA <1yr 1-5yrs 6-10 yrs 10+ UK Working Needs Repair UK
- 66. Stand-Alone Freezer Yes No NA <1yr 1-5yrs 6-10 yrs 10+ UK Working Needs Repair UK
- 67. Sump Pump Yes No NA <1yr 1-5yrs 6-10 yrs 10+ UK Working Needs Repair UK
- 68. Trash Compactor Yes No NA <1yr 1-5yrs 6-10 yrs 10+ UK Working Needs Repair UK
- 69. Washer Yes No NA <1yr 1-5yrs 6-10 yrs 10+ UK Working Needs Repair UK
- 70. _____ Yes No NA <1yr 1-5yrs 6-10 yrs 10+ UK Working Needs Repair UK
- 71. _____ Yes No NA <1yr 1-5yrs 6-10 yrs 10+ UK Working Needs Repair UK
- 72. _____ Yes No NA <1yr 1-5yrs 6-10 yrs 10+ UK Working Needs Repair UK

If the answer to any of the items is Needs Repair, please explain. (Attach additional sheets if necessary.)

OTHER:

**NOTICE: THIS IS A LEGAL DOCUMENT THAT CREATES BINDING OBLIGATIONS.
IF NOT UNDERSTOOD, CONSULT AN ATTORNEY.**

ACKNOWLEDGMENT

Seller acknowledges that the information set forth above is true and accurate to the best of my (our) knowledge. Seller further agrees to defend and indemnify the Listing Licensee(s) for disclosure of any of the information contained herein. Seller further acknowledges receipt of copy of Seller's R.I. Real Estate Sales Disclosure Form.

Seller *Donald Fargnoli* dotloop verified
05/06/26 4:09 PM EDT
UGEN-KHGS-AE8J-JUUC Date _____ Seller Date _____

Seller Date _____ Seller Date _____

Buyer/Prospective Buyer acknowledges receipt of Seller's R.I. Real Estate Sales Disclosure Form before purchase. Buyer acknowledges that Broker has not verified the information herein and Buyer has been advised to verify information independently.

Buyer Date _____ Buyer Date _____

Buyer Date _____ Buyer Date _____

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SELLER'S LEAD DISCLOSURE
Rhode Island Association of REALTORS®



Disclosure of Information about Lead-Based Paint and Lead-Based Hazards required by Federal and Rhode Island law.

Property Address: 1358 Smith St
Unit # (if applicable) _____, **Town/City** North Providence, **State of Rhode Island, Zip code** 02911

Federal Lead Warning Statement

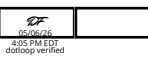
Federal Law: 42 U.S.C. 4852(d) "Every purchaser of any interest in residential real property on which a residential dwelling was built prior to 1978 is notified that such property may present exposure to lead from lead-based paint that may place young children at risk of developing lead poisoning. Lead poisoning in young children may produce permanent neurological damage, including learning disabilities, reduced intelligence quotient, behavioral problems, and impaired memory. Lead poisoning also poses a particular risk to pregnant women. The Seller of any interest in residential real property is required to provide the Buyer with any information on lead-based paint hazards from risk assessments or inspections in the Seller's possession and notify the Buyer of any known lead-based paint hazards. A risk assessment or inspection for possible lead-based paint hazards is recommended prior to purchase."

Rhode Island State Disclosure Requirements

Rhode Island State Law: 216-RICR-50-15-3 Section 3.5 of the Rules and Regulations of the R.I. Department of Health and Lead Hazard Mitigation Standards requires the Seller of any interest in residential property on which a residential dwelling was built prior to 1978 to disclose to the Buyer any known information on lead-based paint or lead-based hazards in paint, interior dust, soil, or water, or potential lead-based paint or lead-based hazards and their location(s), or potential location(s). Such information includes (1) any records or reports which are in Seller's possession or reasonably obtainable regarding such hazards or potential exposure to such hazards in the property; (2) a copy of any current lead certificate(s) for the dwelling or dwelling unit and common areas; and (3) a chronological listing of all available lead inspection reports and certificates for the property being sold.


The Seller shall provide Buyer with an Environmental Protection Agency educational pamphlet entitled "Protect Your Family from Lead in Your Home" containing the insert "What You Should Know About the R.I. Lead Law."

Seller's Disclosure [Seller(s) complete and initial each section below]

 (a) Presence of lead in paint, interior dust, soil or water and/or lead-based hazards in paint, interior dust, soil, or water: (check one below)
 Seller discloses that the following known lead-based paint and/or lead-based hazards are present in the housing (explain).

House built before 1978

 Seller has no knowledge of lead-based paint and/or lead-based hazards in the housing.

 (b) Records and reports available to Seller (check all that apply below):
 Seller has provided Buyer, the Listing Licensee and Cooperating Licensee, if any, with a copy of the most current lead certificate dated: _____
 Rhode Island law requires Seller to provide, at no charge, copies of all available reports and certificates to which Seller has access within seven (7) days of a request by Buyer.

Seller has access to the following reports and records relating to lead:
(Seller: List in chronological order all available lead inspection reports and certificates for the property being sold.)
Date of document: _____ Type of lead certificate or report: _____

Buyer may obtain copies of all such documents by contacting:


Seller has no lead certificates, reports or records pertaining to lead-based paint and/or lead-based hazards in the dwelling or dwelling unit and common areas for the property being sold.

BUYER'S INITIALS SELLER'S INITIALS

Buyer's Acknowledgment [Buyer(s) initial each section that applies]

- (c) Buyer has received copies of all information listed above.
- (d) Buyer has received the pamphlet "Protect Your Family from Lead in Your Home" that includes the R.I. section "What You Should Know About the R.I. Lead Law."
- (e) Buyer has (check one below):
 - Received a 10-day opportunity (or mutually agreed upon period) to conduct a risk assessment or inspection for the presence of lead-based paint and/or lead-based hazards; or
 - Waived the opportunity to conduct a risk assessment or inspection for the presence of lead-based paint and/or lead-based hazards.

Agent's Acknowledgment (initial)

-  (f) Agent has informed Seller of Seller's obligations under 42 U.S.C. 4852(d) and 216-RICR-50-15-3 Section 3.5 of the Rules and Regulations of the R.I. Department of Health and Lead Hazard Mitigation Standards, and is aware of his/her responsibility to ensure compliance.

Certification of Accuracy

The following parties have reviewed the information above and certify, to the best of their knowledge, that the information provided by the signatory is true and accurate.

Buyer	Date
Buyer	Date
Buyer	Date
Buyer	Date
Cooperating Licensee	Date

<i>Donald Farguoli</i>	<small>dotloop verified 05/06/20 4:05 PM EDT 6162-20NP-GZCE-DYJC</small>
Seller	Date
Seller	Date
Seller	Date
Seller	Date
<i>Joseph Rock</i>	<small>dotloop verified 05/07/20 10:01 AM EDT TKSP-EN3Y-NH9W-WEJZ</small>
Listing Licensee	Date