



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



PROPERTY ADDRESS: 21 PIKE ST WEST WARWICK RI 02893 **UNIT:** _____

Lease period: 1 YEAR Copy available? Yes No Copy attached? Yes No

Security Deposit: Yes No Amount: \$ 2200 **Current Monthly Rent:** \$ 2250

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: GAS Age: _____ Fuel Type: _____ Number of zones: _____

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) _____ 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: WATER HEATER If a separate tank, capacity: _____ gal. Age _____

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

Known Defects: _____

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 _____ Amps _____ Unknown _____

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

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

Modifications? Yes _____ No Unknown

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

11. Air Conditioning

Yes No Unknown Age: _____

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) _____ 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 checked="" 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
51. Ceiling/Whole House Fan	<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
52. Central Vac/Equipment	<input type="checkbox"/> Yes <input checked="" 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
53. Dehumidifier	<input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> <1yr <input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> <1yr <input 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
56. Garage Door Opener(s)	<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
57. Garbage Disposal	<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
58. Generator	<input type="checkbox"/> Yes <input checked="" 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
59. Hot Tub/Sauna	<input type="checkbox"/> Yes <input checked="" 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
60. Intercom System	<input 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

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|-------------------------|---|---|---|
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| 62. Kitchen Stove/Oven | <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 |
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If the answer to any of the items is Needs Repair, please explain. (Attach additional sheets if necessary.)

OTHER:

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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 ALDO PROPERTIES LLC Date 5/30/26 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 _____
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PROPERTY ADDRESS: 23 PIKE ST WEST WARWICK, RI 02883 **UNIT:** _____

Lease period: 1 YEAR Copy available? Yes No Copy attached? Yes No

Security Deposit: Yes No Amount: \$ _____ **Current Monthly Rent:** \$ 1700

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5. Heating System

System Type: GAS Age: _____ Fuel Type: _____ Number of zones: _____
 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) _____ 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: WATER HEATER If a separate tank, capacity: _____ gal. Age _____
 Tank rented? Yes No If yes, Company rented from _____
 Known Defects: _____
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Fuses _____ Circuit Breakers _____ Amps _____ Unknown _____
 Type: Aluminum Wiring _____ Knob & Tube _____ BX Cable _____ Romex _____ Other _____ Unknown _____
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 Does the Tenant pay the electric bill for the unit the Tenant leases? Yes No

11. Air Conditioning

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