



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



**PROPERTY ADDRESS:** 25 SPIKE ST WEST WARWICK RI 02893 **UNIT:** \_\_\_\_\_

**Lease period:** 1 YEAR Copy available?  Yes  No Copy attached?  Yes  No  
**Security Deposit:**  Yes  No Amount: \$ 1700 **Current Monthly Rent:** \$ 1800

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: OIL Age: NEW 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) NEW TANK  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 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 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 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
55. Dryer	<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
56. Garage Door Opener(s)	<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
57. Garbage Disposal	<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
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 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

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- 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 ALDO PROPERTIES LLC Date 05/31/26 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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Rhode Island Association of REALTORS®



**PROPERTY ADDRESS:** 251/2 PIKE ST WEST WARWICK RI 02883 **UNIT:** \_\_\_\_\_

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

**Security Deposit:**  Yes  No Amount: \$ 1900 **Current Monthly Rent:** \$ 1900

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: OIL Age: NEW 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) \_\_\_\_\_

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 \_\_\_\_\_

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

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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.

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|-------------------------|-------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| 61. Jacuzzi/Whirlpool   | <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            |
| 62. Kitchen Stove/Oven  | <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 |
| 63. Microwave           | <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            |
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| 65. Satellite Dish      | <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            |
| 66. Stand-Alone Freezer | <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            |
| 67. Sump Pump           | <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            |
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| 70. _____               | <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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If the answer to any of the items is Needs Repair, please explain. (Attach additional sheets if necessary.)

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Seller ALDO PROPERTIES LLC Date 5/30/26 Seller \_\_\_\_\_ Date \_\_\_\_\_  
 Seller \_\_\_\_\_ Date \_\_\_\_\_ Seller \_\_\_\_\_ Date \_\_\_\_\_

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Buyer \_\_\_\_\_ Date \_\_\_\_\_ Buyer \_\_\_\_\_ Date \_\_\_\_\_  
 Buyer \_\_\_\_\_ Date \_\_\_\_\_ Buyer \_\_\_\_\_ Date \_\_\_\_\_

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