

**AFFIDAVIT OF CONFORMANCE  
WITH §44-9-13  
&  
TAX SALE OWNERSHIP CERTIFICATE  
AS REQUIRED BY §44-9-13.1, AS AMENDED**

**Town of North Providence**

**“STATEMENT OF CONFORMANCE AND RESIDENCE”**

To Whom It May Concern, be advised that \_\_\_\_\_,  
(Please **NEATLY PRINT** the **FULL NAME (NO abbreviations)** of highest bidder's/investor's  
name-**EXACTLY** how it should be written on the Collector's Deed)

at: \_\_\_\_\_  
(Enter **full** address (**NO** abbreviations) including Town, State & Zip Code of bidder/investor)

who may be contacted at (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ after one year for redemptions, and I/We do hereby attest that I do not owe the Town of North Providence real estate taxes, sewer or water usage fees, and/or assessment taxes, and I am therefore in conformance with Rhode Island General Law §44-9-13, as amended, and the above address discloses the correct address for legal notice as required under Rhode Island General Law §44-9-13.1, as amended. If I or my entity is **not** a Rhode Island resident, then I/We do hereby appoint \_\_\_\_\_ with a mailing address of \_\_\_\_\_ as my resident agent as require by Rhode Island General Laws §44-9-13.1

Sworn to before me this 28<sup>th</sup> day of August, 2020.

\_\_\_\_\_  
STATE OF RHODE ISLAND  
COUNTY OF PROVIDENCE

(Signature of Bidder OR Representative)

In the Town of North Providence on this 28<sup>th</sup> day of August, 2020, before me, the undersigned notary personally appeared \_\_\_\_\_, in his/her capacity as \_\_\_\_\_ of \_\_\_\_\_, if applicable, personally known to the notary or proved to the notary through satisfactory evidence of identification, which was a driver's license, to be the person whose name is signed on the preceding document, and acknowledged to the notary that he/she signed it voluntarily for its stated purpose, individually, and the fee act and deed of said company, if applicable.

<p><b>Official Use Only</b></p> <p><b>Assigned Bidder/Investor Number:</b></p> <p>_____</p>
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\_\_\_\_\_  
NOTARY PUBLIC  
Print Name: \_\_\_\_\_  
My Commission Expires on: \_\_\_\_\_  
**PLEASE PLACE YOUR SEAL/STAMP HERE:**