



## MULTI-UNIT ADDENDUM TO RHODE ISLAND MULTI-UNIT REAL ESTATE SALES DISCLOSURE

Rhode Island Association of REALTORS®

PROPERTY ADDRESS: 466 Washington street UNIT: unit 1Lease period: Month to Month Copy available?  Yes  No Copy attached?  Yes  NoSecurity Deposit:  Yes  No Amount: \$ 1150 Current Monthly Rent: \$ 1150

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: Boiler Age: Brand New Fuel Type: gas Number of zones: 1Size of onsite storage tank: \_\_\_\_\_ Owned by:  Fuel Provider  SellerSupplemental heating?  Yes  No  Unknown If yes, type? \_\_\_\_\_ Do any defects/malfunctions exist?  Yes (Explain)  No  UnknownModifications?  Yes (Explain) \_\_\_\_\_  No  UnknownIs 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: Hot water tank If a separate tank, capacity: 30 gal. Age 7 yrsTank 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  UnknownModifications?  Yes \_\_\_\_\_  No  UnknownDoes 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  UnknownModifications?  Yes (Explain) \_\_\_\_\_  No  UnknownIs 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 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
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	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<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"/> N/A	<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
63. Microwave	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<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
64. Refrigerator	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<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
65. Satellite Dish	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<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"/> N/A	<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"/> N/A	<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
68. Trash Compactor	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<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
69. Washer	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<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
70. _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<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
71. _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<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
72. _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<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 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 Charles Fakhoury Date Oct 14, 2025 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: 470 Washington street Coventry, RI 02816 UNIT: StoreLease period: Oct. 13 2025 - Oct. 13 2026 Copy available?  Yes  No Copy attached?  Yes  NoSecurity Deposit:  Yes  No Amount: \$ 900 Current Monthly Rent: \$ 900

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 Air heat Age: \_\_\_\_\_ Fuel Type: gas Number of zones: 1Size of onsite storage tank: \_\_\_\_\_ Owned by:  Fuel Provider  SellerSupplemental heating?  Yes  No  Unknown If yes, type? \_\_\_\_\_ Do any defects/malfunctions exist?  Yes (Explain)  No  UnknownModifications?  Yes (Explain) \_\_\_\_\_  No  UnknownIs 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: Hotwater tank If a separate tank, capacity: 30 gallons 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  UnknownModifications?  Yes \_\_\_\_\_  No  UnknownDoes the Tenant pay the electric bill for the unit the Tenant leases?  Yes  No

## 11. Air Conditioning

 Yes  No  Unknown Age: 2 yrsType of System:  Central Air: Number of Zones 1  Ductless  Window Units: Number of Units 1 Age 2 yrs Built in Wall Units: Number of Units \_\_\_\_\_ Age \_\_\_\_\_Location side of store Maintenance History yesDo any defects/malfunctions exist?  Yes (Explain) \_\_\_\_\_  No  UnknownModifications?  Yes (Explain) \_\_\_\_\_  No  UnknownIs 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
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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
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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	<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 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
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
64. Refrigerator	<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
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
68. Trash Compactor	<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
69. Washer	<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
70. _____	<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
71. _____	<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
72. _____	<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

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

#### OTHER:

A.C. condenser unit  
and coil were replaced  
2 years ago

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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 Charles Fakhoury Date Oct. 15 2025 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: 466 Washington street Coventry, RI 02816 UNIT: 2

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

Security Deposit:  Yes  No Amount: \$ 1250 Current Monthly Rent: \$ 1250

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: Boiler Age: 1 yr 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? \_\_\_\_\_ 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: Hot water tank If a separate tank, capacity: 30 gal. Age 4 yrs

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)? \_\_\_\_\_  No  Unknown

**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 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
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

BUYER'S INITIALS \_\_\_\_\_ SELLER'S INITIALS CF

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61. Jacuzzi/Whirlpool	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<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"/> N/A	<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 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"/> N/A	<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
64. Refrigerator	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<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 type="checkbox"/> Working <input type="checkbox"/> Needs Repair <input type="checkbox"/> UK
65. Satellite Dish	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<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"/> N/A	<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"/> N/A	<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
68. Trash Compactor	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<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
69. Washer	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<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
70. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<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
71. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<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
72. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<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 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 Charles Falkhoury Date Oct.15.25 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: 466 Washington Street Coventry, RI 02816 UNIT: 3Lease period: Month to Month Copy available?  Yes  No Copy attached?  Yes  NoSecurity Deposit:  Yes  No Amount: \$ 1100 Current Monthly Rent: \$ 1200

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: Boiler Age: 1 yr Fuel Type: gas Number of zones: 1Size of onsite storage tank: \_\_\_\_\_ Owned by:  Fuel Provider  SellerSupplemental heating?  Yes  No  Unknown If yes, type? \_\_\_\_\_ Do any defects/malfunctions exist?  Yes (Explain) \_\_\_\_\_  No  UnknownModifications?  Yes (Explain) \_\_\_\_\_  No  UnknownIs 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: Hot water tank If a separate tank, capacity: 30 gal. Age 10 yrsTank 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  UnknownModifications?  Yes \_\_\_\_\_  No  UnknownDoes 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  UnknownModifications?  Yes (Explain) \_\_\_\_\_  No  UnknownIs 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 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
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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SELLER'S INITIALS C.F.

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61. Jacuzzi/Whirlpool	<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 checked="" type="checkbox"/> Working <input type="checkbox"/> Needs Repair <input type="checkbox"/> UK
62. Kitchen Stove/Oven	<input type="checkbox"/> Yes <input checked="" 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
63. Microwave	<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
64. Refrigerator	<input type="checkbox"/> Yes <input checked="" 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
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
68. Trash Compactor	<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
69. Washer	<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
70. _____	<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
71. _____	<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
72. _____	<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

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

#### OTHER:

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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 Charles Fakhawy Date Oct 15 2025 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: 466 Washington street Coventry, RI 02816 UNIT: 4  
 Lease period: Month - To - Month Copy available?  Yes  No Copy attached?  Yes  No  
 Security Deposit:  Yes  No Amount: \$ 1300 Current Monthly Rent: \$ 1300

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: Boiler Age: 4 yrs 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? \_\_\_\_\_ 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: Hot water tank If a separate tank, capacity: 830 gal. Age 8 yrs

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
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51. Ceiling/Whole House Fan	<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
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	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<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 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"/> N/A	<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
64. Refrigerator	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<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 type="checkbox"/> Working <input type="checkbox"/> Needs Repair <input type="checkbox"/> UK
65. Satellite Dish	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<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"/> N/A	<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"/> N/A	<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
68. Trash Compactor	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<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
69. Washer	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<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
70. _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<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
71. _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<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
72. _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<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 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 Charles falshourey Date Oct 15, 25 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: 466 Washington street Coventry, RI UNIT: 5  
 Lease period: 11-30-24 / 11-30-25 Copy available?  Yes  No Copy attached?  Yes  No  
 Security Deposit:  Yes  No Amount: \$ 1250 Current Monthly Rent: \$ 1250

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 air Age: 5 yr 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? \_\_\_\_\_ 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: Hot water tank If a separate tank, capacity: 30 gal. Age 8 yrs

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 (Explain) \_\_\_\_\_  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)? \_\_\_\_\_  No  Unknown

**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 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
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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SELLER'S INITIALS Cf.

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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 checked="" 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 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
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
64. Refrigerator	<input type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Working <input type="checkbox"/> Needs Repair <input type="checkbox"/> UK
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
68. Trash Compactor	<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
69. Washer	<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
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
71. _____	<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
72. _____	<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

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 Charles Faherty Date Oct 15, 25 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: 466 Washington street Coventry, RI UNIT: 6Lease period: Month-To-Month Copy available?  Yes  No Copy attached?  Yes  NoSecurity Deposit:  Yes  No Amount: \$ 1100 Current Monthly Rent: \$ 1100

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 air Age: 10 yrs Fuel Type: gas Number of zones: 1Size of onsite storage tank: Owned by:  Fuel Provider  SellerSupplemental heating?  Yes  No  Unknown If yes, type? \_\_\_\_\_ Do any defects/malfunctions exist?  Yes (Explain)  No  UnknownModifications?  Yes (Explain) \_\_\_\_\_  No  UnknownIs 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: Hot water tank 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  UnknownModifications?  Yes \_\_\_\_\_  No  UnknownDoes 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  UnknownModifications?  Yes (Explain) \_\_\_\_\_  No  UnknownIs 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
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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	<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 type="checkbox"/> <1yr <input checked="" 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
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
64. Refrigerator	<input type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Working <input type="checkbox"/> Needs Repair <input type="checkbox"/> UK
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
68. Trash Compactor	<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
69. Washer	<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
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
71. _____	<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
72. _____	<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

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 Charles Fakhoury Date Oct. 15, 25 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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RHODE ISLAND MULTI-UNIT REAL ESTATE SALES DISCLOSURE FORM  
Rhode Island Association of REALTORS®



**SELLER**

DATE 09/06/2025 PROPERTY ADDRESS 466/470 Washington St Coventry, RI 02816

Seller: FAKHOURY AND SONS LLC Current Address: \_\_\_\_\_

Seller has occupied subject property?  Yes  No If yes, number of years and when: \_\_\_\_\_

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. Seller is obligated to report to the Listing Licensee(s) any known changes prior to sales agreement and 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

1918 Addition(s): \_\_\_\_\_ Year(s): \_\_\_\_\_

2. Roof (Shingles)

Age: 3 yrs # of Layers: 1 Previous Repairs: \_\_\_\_\_  
Known Defects: None

3. Fireplaces

# NO # Working: \_\_\_\_\_ Maintenance History: \_\_\_\_\_

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 INITIALS \_\_\_\_\_ SELLER'S INITIALS C.F.

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## 8. Plumbing

Type: Copper  Galvanized  PVC  Mixed  None  Other  Unknown

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

Modifications?  Yes (Explain) \_\_\_\_\_  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 \_\_\_\_\_; 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): 466 was just connected to city sewer on Oct. 10, 2025

Private System: (check all that apply),  Cesspool  Septic:  Leach field  Galleries  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."

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  
\$ 11,112.00 for fiscal/calendar year ending 2025 Tax Rate: \_\_\_\_\_ Current Exemptions: \_\_\_\_\_

16. Municipal Fire District Tax  
Name of Fire District Central Coventry Fire district  
\$ 1736.61 for fiscal/calendar year ending 2025 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: \_\_\_\_\_

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): NO

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: 7 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.

### 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 in use?  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. \_\_\_\_\_

### 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 checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Sidewalks			
35. <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input 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 checked="" type="checkbox"/> <input type="checkbox"/> <input 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 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
49. Coin-Operated 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

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]

## CONDITIONS

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

	Y	N	UK	NA	
73.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>	Landfill
81.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Previous Fire/Smoke Damage
82.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Settling
83.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Soil Movement
84.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Subsurface Structure(s) or Pit(s)
85.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Synthetic Stucco / EIFS
86.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water Penetration
87.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wood Rot

**Previous Flooding:**

88.     Into the Improvements

89.     Onto the Property

**Structural Repairs:**

90.     Previous Foundation Repairs

91.     Other Structural Repairs

**Termites or Other Wood-Destroying Insects:**

92.     Active Infestation

93.     Previous Treatment

94.     Previous Damage Repaired

95.     Damage Needing Repair

96.     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.

Date Oct 15, 2023 Seller Charles Fakhoury Date \_\_\_\_\_ Seller \_\_\_\_\_  
Date \_\_\_\_\_ Seller \_\_\_\_\_ Date \_\_\_\_\_ Seller \_\_\_\_\_

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.

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

## CHANGES

Changes since property was first listed [If changes were made, initial below]:

Date \_\_\_\_\_ Seller's Initials \_\_\_\_\_ Date \_\_\_\_\_ Buyer's Initials \_\_\_\_\_

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