



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



SELLER

DATE 11/14/2024 PROPERTY ADDRESS 36 Pratt Street
Providence, 02906

Seller: 36 Pratt Street LLC Current Address: 21 Highland Avenue, Needham, MA 02494

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
 Unknown Addition(s): Interior gut-renovation & exterior repairs completed in 2019-2021 Year(s): 2019-2021

2. Roof (Shingles)
 Age: 5 # of Layers: UK Previous Repairs: Roof replaced as part of renovation in 2019-2021
 Known Defects: UK

3. Fireplaces
 # 0 # 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]

8. Plumbing

Type: Copper Galvanized PVC Mixed None Other _____ Unknown

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

Modifications? Yes (Explain) New plumbing system installed in 2019-2021 when building was renovated. 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 Fiberglass & Spray Foam; Ceiling: Yes No Unknown Type Fiberglass & Spray Foam;

Floor: Yes No Unknown Type Fiberglass & Spray Foam Ureaformaldehyde Insulation: Yes No Unknown

Additional Structural Information (Attach additional sheets if necessary.)

Structural repairs, including framing and foundation work, were completed as part of the 2019-2021 renovation. During this period, the property also had all-new plumbing, electrical, and HVAC systems installed, along with a new roof, windows, and exterior decks.

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): New plumbing system, inside building, installed as part of repairs in 2019-2021.

Private System: (check all that apply), Cesspool Septic: Leach field Gallies 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
\$16,355.36 for fiscal/calendar year ending 2024 Tax Rate: _____ Current Exemptions: _____

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

17. Easements/Encroachments

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

18. Deed

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

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: Historic District (College Hill)
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/Minimum Housing

Outstanding Violations for which you have been cited while you have owned this property (attach copy): None

23. Flood Plain

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

Is there a Letter of Map Amendment (LOMA)? Yes No Copy attached? Yes No
Flood maps and flood insurance rates are subject to change. For more information, contact the Federal Emergency Management Agency (FEMA) Map Service Center, the National Flood Insurance Program (NFIP) coordinator in the municipality, or an insurance agent for more information.

24. Wetlands

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

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

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

25. Farms

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

26. Shoreline Access

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

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

If yes, describe _____

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

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

If yes, describe _____

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

Additional Municipal Information (Attach additional sheets if necessary.)

NOTICES/DISCLOSURES

27. Rental Property

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

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

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

28. Pools & Equipment

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

Was a permit obtained for the pool? Yes No Unknown

29. Lead Contamination

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

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

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

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

30. Smoke/Carbon Monoxide Detectors

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

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 type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Driveway(s) | 45. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Sidewalks |
| 35. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Bulkhead/Hatchway | 41. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Exterior Walls | 46. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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"/> | Floors | 47. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Windows | |
| 37. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Chimney(s) | 43. | <input type="checkbox"/> | <input checked="" 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"/> | Interior Walls | | | | | | | |
| 39. | <input type="checkbox"/> | <input 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 type="checkbox"/> No <input checked="" type="checkbox"/> NA | <input type="checkbox"/> <1yr <input type="checkbox"/> 1-5yrs <input type="checkbox"/> 6-10 yrs <input type="checkbox"/> 10+ <input type="checkbox"/> UK | <input type="checkbox"/> Working <input type="checkbox"/> Needs Repair <input type="checkbox"/> UK |
| 49. Coin-Operated Dryer <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA | <input type="checkbox"/> <1yr <input type="checkbox"/> 1-5yrs <input type="checkbox"/> 6-10 yrs <input type="checkbox"/> 10+ <input type="checkbox"/> UK | <input type="checkbox"/> Working <input type="checkbox"/> Needs Repair <input type="checkbox"/> UK |

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

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

CONDITIONS

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

- | Y | N | UK | NA | | Y | N | UK | NA | |
|--------------------------|--------------------------|-------------------------------------|--------------------------|--|---|--------------------------|-------------------------------------|--------------------------|-----------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Asbestos | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Water Penetration |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Cemetery or Burial Ground on Property | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Wood Rot |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Diseased Tree(s) within 100' of Dwelling/Outbuilding | Previous Flooding: | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Endangered Species/Habitat on Property | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Into the Improvements |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Hazardous or Toxic Waste | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Onto the Property |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Hazardous or Toxic Waste Site Within 1 Mile | Structural Repairs: | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Improper Drainage | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Previous Foundation Repairs |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Landfill | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Other Structural Repairs |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Previous Fire/Smoke Damage | Termites or Other Wood-Destroying Insects: | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Settling | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Active Infestation |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Soil Movement | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Previous Treatment |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Subsurface Structure(s) or Pit(s) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Previous Damage Repaired |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Synthetic Stucco / EIFS | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Damage Needing Repair |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Current Service Contract |

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

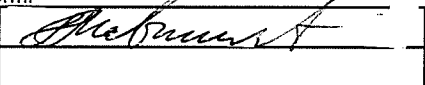
Structural repairs, including framing and foundation work, were completed as part of the 2019-2021 renovation. During this period, the property also had all-new plumbing, electrical, and HVAC systems installed, along with a new roof, windows, and exterior decks.

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 _____ Seller  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



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



PROPERTY ADDRESS: 36 Pratt Street, Providence RI 02906 **UNIT:** 1

Lease period: June 1, 2024 - May 31, 2025 **Copy available?** Yes No **Copy attached?** Yes No

Security Deposit: Yes No **Amount:** \$ 3,800 **Current Monthly Rent:** \$ 3,800

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: Hydo-Air **Age:** 5 Years Old **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: Gas **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** 1 **Amps** _____ **Unknown** _____
Type: Aluminum Wiring x Knob & Tube BX Cable Romex Other Unknown
Do any defects/malfunctions exist? Yes (Explain) _____ No Unknown
Modifications? Yes _____ No Unknown
New electrical system installed as part of renovation in 2019-2021 No Unknown

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

11. Air Conditioning

Yes No Unknown **Age:** 5 Years
Type of System: Central Air: **Number of Zones** 1 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) New HVAC system installed as part of renovations in 2019-2021 No Unknown

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

EQUIPMENT/SYSTEMS/APPLIANCES

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

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

BUYER'S INITIALS SELLER'S INITIALS

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

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

OTHER:

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Date _____ Seller *[Signature]* Seller _____
 Date _____ Seller _____ Seller _____

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Date _____ Buyer _____ Buyer _____
 Date _____ Buyer _____ Buyer _____

CHANGES

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

Date _____ Seller's Initials Date _____ Buyer's Initials



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



PROPERTY ADDRESS: 36 Pratt Street, Providence RI 02906 **UNIT:** 2

Lease period: June 1, 2024 - May 31, 2025 & June 1, 2025 - May 31, 2026 Copy available? Yes No Copy attached? Yes No

Security Deposit: Yes No Amount: \$ 3,800 **Current Monthly Rent:** \$ 3,800

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: Hydro Air Age: 5 Years 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) New HVAC system installed as part of renovation in 2019-2021. 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: Gas 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 1 Amps _____ Unknown _____

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

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

Modifications? Yes New electrical system installed as part of renovation in 2019-2021. No Unknown

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

11. Air Conditioning

Yes No Unknown Age: 5 Years

Type of System: Central Air: Number of Zones 1 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) New HVAC systems installed as part of renovation in 2019-2021. No Unknown

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

EQUIPMENT/SYSTEMS/APPLIANCES

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

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

BUYER'S INITIALS SELLER'S INITIALS

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

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

OTHER:

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Date _____ Seller *[Signature]* Seller _____
Date _____ Seller _____ Seller _____

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Date _____ Buyer _____ Buyer _____
Date _____ Buyer _____ Buyer _____

CHANGES

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Date _____ Seller's Initials Date _____ Buyer's Initials



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



PROPERTY ADDRESS: 36 Pratt Street, Providence RI 02906 **UNIT:** 3

Lease period: June 1, 2024 - May 31, 2025 & June 1, 2025 - May 31, 2026 Copy available? Yes No Copy attached? Yes No

Security Deposit: Yes No Amount: \$ 3,300 / \$3,600 **Current Monthly Rent:** \$ 3,300 / \$3,600

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: Hydro-Air Age: 5 Years 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) New HVAC system installed as part of renovation in 2019-2021. 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: Gas 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 1 Amps _____ Unknown _____

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

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

Modifications? Yes New electrical system installed as part of renovation in 2019-2021. No Unknown

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

11. Air Conditioning

Yes No Unknown Age: 5 Years

Type of System: Central Air: Number of Zones 1 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) New HVAC system installed as part of renovation in 2019-2021. 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 type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> <1yr <input type="checkbox"/> 1-5yrs <input type="checkbox"/> 6-10 yrs <input type="checkbox"/> 10+ <input type="checkbox"/> UK	<input type="checkbox"/> Working <input type="checkbox"/> Needs Repair <input type="checkbox"/> UK
52. Central Vac/Equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> <1yr <input type="checkbox"/> 1-5yrs <input type="checkbox"/> 6-10 yrs <input type="checkbox"/> 10+ <input type="checkbox"/> UK	<input type="checkbox"/> Working <input type="checkbox"/> Needs Repair <input type="checkbox"/> UK
53. Dehumidifier	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> <1yr <input type="checkbox"/> 1-5yrs <input type="checkbox"/> 6-10 yrs <input type="checkbox"/> 10+ <input type="checkbox"/> UK	<input type="checkbox"/> Working <input type="checkbox"/> Needs Repair <input type="checkbox"/> UK
54. Dishwasher	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> <1yr <input checked="" type="checkbox"/> 1-5yrs <input type="checkbox"/> 6-10 yrs <input type="checkbox"/> 10+ <input type="checkbox"/> UK	<input type="checkbox"/> Working <input type="checkbox"/> Needs Repair <input type="checkbox"/> UK
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BUYER'S INITIALS SELLER'S INITIALS

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Date _____	Buyer _____	Buyer _____	Buyer _____
Date _____	Buyer _____	Buyer _____	Buyer _____

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