



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



PROPERTY ADDRESS: 3-5 BARNOLD STREET WEST WARWICK RI 02893 **UNIT:** 3

Lease period: MONTH TO MONTH **Copy available?** ☒ Yes ☐ No **Copy attached?** ☒ Yes ☐ No

Security Deposit: ☒ Yes ☐ No **Amount \$** 1,200.00 **Current Monthly Rent: \$** 1,400.00

In reference to the Rhode Island Multi-Unit Real Estate Sales Disclosure ("Disclosure"), the undersigned Seller(s) provides the following additional information for each rental unit. (Complete one addendum per unit.)

5. Heating System

System Type: OIL HEAT **Age:** 8 YRS **Fuel Type:** OIL **Number of zones:** 1

Size of onsite storage tank: 275 GAL **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: TANKLESS **If a separate tank, capacity:** _____ **gal.** **Age** 8

Tank rented? ☐ Yes ☒ No **If yes, Company rented from** _____

Known Defects: NO

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 BREAKERS **Circuit Breakers** YES **Amps** 100 **Unknown** _____

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

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

Modifications? ☐ Yes _____
☒ No ☐ Unknown

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

11. Air Conditioning

☐ Yes ☒ No ☐ Unknown **Age:** _____

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

☐ Built in Wall Units: **Number of Units** _____ **Age** _____

Location _____ **Maintenance History** _____

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

Modifications? ☐ Yes (Explain) _____
☒ No ☐ Unknown

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

EQUIPMENT/SYSTEMS/APPLIANCES

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

	Included in Sale	Age	Condition
50. Alarm/Security System	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> <1yr <input type="checkbox"/> 1-5yrs <input type="checkbox"/> 6-10 yrs <input type="checkbox"/> 10+ <input type="checkbox"/> UK	<input type="checkbox"/> Working <input type="checkbox"/> Needs Repair <input type="checkbox"/> UK
51. Ceiling/Whole House Fan	<input 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 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 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 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 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

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 type="checkbox"/> 1-5yrs <input type="checkbox"/> 6-10 yrs <input type="checkbox"/> 10+ <input checked="" type="checkbox"/> UK	<input checked="" type="checkbox"/> Working <input type="checkbox"/> Needs Repair <input type="checkbox"/> UK
63. Microwave	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> <1yr <input type="checkbox"/> 1-5yrs <input type="checkbox"/> 6-10 yrs <input type="checkbox"/> 10+ <input type="checkbox"/> UK	<input type="checkbox"/> Working <input type="checkbox"/> Needs Repair <input type="checkbox"/> UK
64. Refrigerator	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> <1yr <input type="checkbox"/> 1-5yrs <input type="checkbox"/> 6-10 yrs <input type="checkbox"/> 10+ <input type="checkbox"/> UK	<input checked="" type="checkbox"/> Working <input type="checkbox"/> Needs Repair <input type="checkbox"/> UK
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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
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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.

Date 9/8/24 Seller [Signature] WEDEIROS REALTY 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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PROPERTY ADDRESS: 3-5 BARNOLD STREET WEST WARWICK RI 02893 **UNIT:** 5

Lease period: MONTH TO MONTH **Copy available?** ☒ Yes ☐ No **Copy attached?** ☐ Yes ☒ No

Security Deposit: ☐ Yes ☒ No **Amount:** \$ **Current Monthly Rent:** \$ 1,200.00

In reference to the Rhode Island Multi-Unit Real Estate Sales Disclosure ("Disclosure"), the undersigned Seller(s) provides the following additional information for each rental unit. (Complete one addendum per unit.)

5. Heating System

System Type: OIL HEAT **Age:** 33 YRS **Fuel Type:** OIL **Number of zones:** 1

Size of onsite storage tank: 275 GAL **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: ELECTRIC TANK **If a separate tank, capacity:** 50 **gal.** **Age** 2

Tank rented? ☐ Yes ☒ No **If yes, Company rented from**

Known Defects: NO

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 BREAKERS **Circuit Breakers** YES **Amps** 100 **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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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
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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
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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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> <1yr <input checked="" type="checkbox"/> 1-5yrs <input type="checkbox"/> 6-10 yrs <input type="checkbox"/> 10+ <input type="checkbox"/> UK	<input checked="" type="checkbox"/> Working <input type="checkbox"/> Needs Repair <input type="checkbox"/> UK
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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
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Date _____ Seller _____ Date _____ Seller _____

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

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

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



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



SELLER

DATE 8/31/2024 PROPERTY ADDRESS 3-5 BARNOLD STREET
WEST WARWICK RI 02893
Seller: A. MEDEIROS REALTY Current Address: 105 WATERMAN AVENUE BOX 179
EAST PROVIDENCE RI 02914

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 1991 Addition(s): _____ Year(s): _____

2. Roof (Shingles)
Age: 10 # of Layers: 2 Previous Repairs: NEW ROOF UNDER PREVIOUS OWNER IN 2004
Known Defects: _____

3. Fireplaces
NONE # 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: 275 gal Fuel type: OIL
Owned YES 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. PlumbingType: Copper ☒ Galvanized _____ PVC _____ Mixed _____ None _____ Other _____ Unknown _____Do any defects/malfunctions exist? ☐ Yes (Explain) _____☐ No ☐ UnknownModifications? ☐ 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 ☐ BothPublic System: Is it connected? ☒ Yes ☐ No If not, is sewer available? ☐ Yes ☐ No ☐ UnknownOutstanding 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): _____

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

\$ 6,652.75 for fiscal/calendar year ending 2024 Tax Rate: 32 Current Exemptions: _____

16. Municipal Fire District Tax

Name of Fire District _____

\$ _____ 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: _____

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: N/A

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): N/A

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: 2 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) |
| 35. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Bulkhead/Hatchway | 41. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Exterior Walls |
| 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 |
| 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) _____ | 45. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sidewalks |
| | | | | | | 46. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Walls/Fences |
| | | | | | | 47. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Windows |

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

73. ☐ ☒ ☐ ☐ Asbestos
74. ☐ ☒ ☐ ☐ Cemetery or Burial Ground on Property
75. ☐ ☒ ☐ ☐ Diseased Tree(s) within 100' of Dwelling/Outbuilding
76. ☐ ☒ ☐ ☐ Endangered Species/Habitat on Property
77. ☐ ☒ ☐ ☐ Hazardous or Toxic Waste
78. ☐ ☒ ☐ ☐ Hazardous or Toxic Waste Site Within 1 Mile
79. ☐ ☒ ☐ ☐ Improper Drainage
80. ☐ ☒ ☐ ☐ Landfill
81. ☐ ☒ ☐ ☐ Previous Fire/Smoke Damage
82. ☐ ☒ ☐ ☐ Settling
83. ☐ ☒ ☐ ☐ Soil Movement
84. ☐ ☒ ☐ ☐ Subsurface Structure(s) or Pit(s)
85. ☐ ☒ ☐ ☐ Synthetic Stucco / EIFS

Y N UK NA

86. ☐ ☒ ☐ ☐ Water Penetration
87. ☐ ☒ ☐ ☐ 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 9/8/24 Seller A. NEDEIROS REALTY 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 _____



SELLER'S LEAD DISCLOSURE
Rhode Island Association of REALTORS®



Disclosure of Information about Lead-Based Paint and Lead-Based Hazards required by Federal and Rhode Island law.

Property Address: 3-5 BARNOLD STREET
Unit # (if applicable) _____, **Town/City** WEST WARWICK, **State of Rhode Island, Zip code** 02893

Federal Lead Warning Statement

Federal Law: 42 U.S.C. 4852(d) "Every purchaser of any interest in residential real property on which a residential dwelling was built prior to 1978 is notified that such property may present exposure to lead from lead-based paint 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 intelligence quotient, behavioral problems, and impaired memory. Lead poisoning also poses a particular risk to pregnant women. The Seller of any interest in residential real property is required to provide the Buyer with any information on lead-based paint hazards from risk assessments or inspections in the Seller's possession and notify the Buyer of any known lead-based paint hazards. A risk assessment or inspection for possible lead-based paint hazards is recommended prior to purchase."

Rhode Island State Disclosure Requirements

Rhode Island State Law: 216-RICR-50-15-3 Section 3.5 of the Rules and Regulations of the R.I. Department of Health and Lead Hazard Mitigation Standards requires the Seller of any interest in residential property on which a residential dwelling was built prior to 1978 to disclose to the Buyer any known information on lead-based paint or lead-based hazards in paint, interior dust, soil, or water, or potential lead-based paint or lead-based hazards and their location(s), or potential location(s). Such information includes (1) any records or reports which are in Seller's possession or reasonably obtainable regarding such hazards or potential exposure to such hazards in the property; (2) a copy of any current lead certificate(s) for the dwelling or dwelling unit and common areas; and (3) a chronological listing of all available lead inspection reports and certificates for the property being sold.

The Seller shall provide Buyer with an Environmental Protection Agency educational pamphlet entitled "Protect Your Family from Lead in Your Home" containing the insert "What You Should Know About the R.I. Lead Law."

Seller's Disclosure [Seller(s) complete and initial each section below]

ARM (a) Presence of lead in paint, interior dust, soil or water and/or lead-based hazards in paint, interior dust, soil, or water:
(check one below)
☐ Seller discloses that the following known lead-based paint and/or lead-based hazards are present in the housing (explain).

☒ Seller has no knowledge of lead-based paint and/or lead-based hazards in the housing.

ARM (b) Records and reports available to Seller (check all that apply below):
☐ Seller has provided Buyer, the Listing Licensee and Cooperating Licensee, if any, with a copy of the most current lead certificate dated: _____
☐ Rhode Island law requires Seller to provide, at no charge, copies of all available reports and certificates to which Seller has access within seven (7) days of a request by Buyer.

Seller has access to the following reports and records relating to lead:

(Seller: List in chronological order all available lead inspection reports and certificates for the property being sold.)

Date of document: _____ Type of lead certificate or report: _____

Buyer may obtain copies of all such documents by contacting: _____

☒ Seller has no lead certificates, reports or records pertaining to lead-based paint and/or lead-based hazards in the dwelling or dwelling unit and common areas for the property being sold.

Buyer's Acknowledgment [Buyer(s) initial each section that applies]

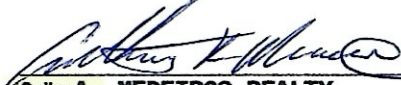
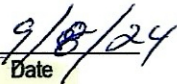

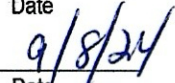
- _____ (c) Buyer has received copies of all information listed above.
- _____ (d) Buyer has received the pamphlet "Protect Your Family from Lead in Your Home" that includes the R.I. section "What You Should Know About the R.I. Lead Law."
- _____ (e) Buyer has (check one below):
- ☐ Received a 10-day opportunity (or mutually agreed upon period) to conduct a risk assessment or inspection for the presence of lead-based paint and/or lead-based hazards; or
- ☐ Waived the opportunity to conduct a risk assessment or inspection for the presence of lead-based paint and/or lead-based hazards.

Agent's Acknowledgment (initial)

- _____ (f) Agent has informed Seller of Seller's obligations under 42 U.S.C. 4852(d) and 216-RICR-50-15-3 Section 3.5 of the Rules and Regulations of the R.I. Department of Health and Lead Hazard Mitigation Standards, and is aware of his/her responsibility to ensure compliance.

Certification of Accuracy

The following parties have reviewed the information above and certify, to the best of their knowledge, that the information provided by the signatory is true and accurate.

_____ Buyer	_____ Date	 Seller A. MEDEIROS REALTY	 Date 9/8/24
_____ Buyer	_____ Date	_____ Seller	_____ Date
_____ Buyer	_____ Date	_____ Seller	_____ Date
_____ Buyer	_____ Date	_____ Seller	_____ Date
_____ Cooperating Licensee	_____ Date	 Listing Licensee JESSICA WALSH	 Date 9/8/24



DISCLOSURE OF PERSONAL INTEREST OR FAMILY RELATIONSHIP
Rhode Island Association of REALTORS®



SELLER(S): A. MEDEIROS REALTY

BUYER(S): _____

PROPERTY: 3-5 BARNOLD STREET WEST WARWICK RI 02893

This disclosure complies with RI Commercial Licensing Regulation 230-RICR-30-20-2, Section 2.21.

(F) "In any real estate transaction, a licensee shall, at the first point of personal contact, but no later than making an offer to purchase, disclose in writing whether the licensee has any of the following interests in the transaction:"

The following real estate licensee, [print name] JESSICA WALSH, discloses that he or she is:
(Licensee initial all that apply)

- ☐ (1) A buyer (regardless of the percentage of ownership at issue);
- ☐ (2) A seller (regardless of the percentage of the ownership at issue);
- ☐ (3) An owner of a business entity that is a buyer or seller; or
- ☒ (4) A representative of a family member, which includes any person who is related to the licensee, whether by blood, marriage or adoption, as any of the following: spouse, father, step-father, father-in-law, mother, step-mother, mother-in-law, son, step-son, son-in-law, daughter, step-daughter, daughter-in-law, brother, step-brother, brother-in-law, sister, step-sister, sister-in-law, grandfather, step-grandfather, grandfather-in-law, grandmother, step-grandmother, grandmother-in-law, grandson, step-grandson, grandson-in-law, granddaughter, step-granddaughter, granddaughter-in-law, uncle, step-uncle, uncle-in-law, aunt, step-aunt, aunt-in-law, niece, step-niece, niece-in-law, nephew, step-nephew, nephew-in-law, first cousin, step-first cousin and first-cousin-in-law.
- ☐ (5) Is a representative of a household member, which includes any person having legal residence or living in a licensee's place of residence.

Other (please specify): _____

ACKNOWLEDGEMENT OF RECEIPT

The undersigned acknowledge receipt of this disclosure.

Buyer _____ Printed Name _____ Date _____


Buyer _____ Printed Name _____ Date _____

Buyer _____ Printed Name _____ Date _____

Cooperating Licensee _____ Printed Name _____ Date _____

 Seller _____ Printed Name A. MEDEIROS REALTY Date 9/8/24

Seller _____ Printed Name _____ Date _____

 Listing Licensee _____ Printed Name JESSICA WALSH Date 9/8/24