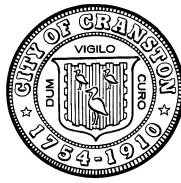


KENNETH J. HOPKINS
MAYOR



KENNETH M. MALLETTE, JR.
CITY ASSESSOR

DAVID COLE
DEPUTY ASSESSOR

DEPARTMENT OF FINANCE
DIVISION OF ASSESSMENT
869 PARK AVE
CRANSTON, RI 02910

Affidavit of income.

I, _____ did not receive any income for tax year _____.

I attest this statement to be true.

Printed name: taxpayer/legal representative

Signed: taxpayer/ legal representative

Date

State of Rhode Island

County of: _____

This record was acknowledged before me on: _____

Date

Signature of Notary Public

Printed Name of Notary Public

My Commission Expires: _____

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