



!
This legal document
should be typed.
All illegible
documents
will be REJECTED.

Instructions for Filing Application for Reservation of Entity Name

[Section 7-1.2-403](#), [7-13.1-115](#), [7-12.1-906](#), [7-16-10](#) and [7-6-11.1](#) of the General Laws of Rhode Island, 1956, as amended

*The attached form is designed to meet minimal statutory filing requirements pursuant to the relevant statutory provision.
This form and the information provided are not substitutes for the advice and services of an attorney and/or tax specialist.*

All filings are public records under RIGL [38-2-1](#), et seq. This means all information is available to the public by a variety of methods including, without limitations, inspections at our office, telephone inquiries and electronically through our online database.

How to complete the form:

Only persons intending to organize a RI business corporation, limited partnership, limited liability company or non-profit corporation, or intending to qualify a foreign entity (out-of-state) to transact business in RI, or any such entity which intends to change its name may reserve a name using this reservation form.

The name is reserved for a period of 120 days and can ONLY be refiled once the original reservation has expired.

1. List the name to be reserved. Your entity name must be distinguishable from any name on file in this office. You may check [name availability](#) on our website; however, this does not ensure the name will still be available upon filing.
2. Check one box only indicating for what entity type the name is being reserved.
3. The name reservation will be recorded exclusively in the name of the applicant. The right to the exclusive use of a specified entity name so reserved may be transferred to any other person by filing in the office of the RI Department of State a notice of the transfer, executed by the applicant for whom the name was reserved, specifying the name and address of the transferee, and paying the appropriate fee.
4. List the name and address of the applicant.
5. The applicant **MUST** sign and date this form.

How to pay the filing fee:

The filing fee is payable either by mail via check made payable to RI Department of State or in person via cash, credit card, or check at the Business Services Division, 148 W. River Street, Ste. 1, Providence, RI 02904. Contact our office at (401) 222-3040 for further information.

How to confirm your filing:

Entity records are retrievable and viewable through our website. Successful filings will NOT result in a mailed confirmation. Filings that cannot be processed will be posted [online](#) and then returned. To confirm your submission and obtain evidence of your filing:

- Go to our [Corporate Database](#).
- Enter the name or ID number of your entity and click "Search."
- Click on the link to your entity record, scroll down, select "All Filings" and then "View Filing."
- Identify the desired type of filing and click on "PDF" under "View PDF" to view and print the record.



Application for Reservation of Entity Name

DOMESTIC or FOREIGN Entity

- Business Corporation Filing Fee: \$50.00 → Partnership Filing Fee: \$50.00
- Limited Liability Company Filing Fee: \$50.00 → Non-Profit Corporation Filing Fee: \$20.00

STAMP

FOR
 SECRETARY OF STATE
 USE ONLY

The undersigned applicant applies for reservation of the following entity name for a non-renewable period of 120 days from the date of this filing:



1. The name to be reserved is:		
2. The name is being reserved for the entity type listed below:		
Business Corporation (including Professional and Foreign Corporations) RIGL 7-1.2-403 Partnership (including Foreign Partnerships) RIGL 7-13.1-115 or 7-12.1-906 Limited Liability Company (including Foreign Limited Liability Companies) RIGL 7-16-10 Non-Profit Corporation (including Foreign Non-Profit Corporations) RIGL 7-6-11.1		
3. The name reservation will be recorded exclusively in the name of the applicant. The right to the exclusive use of a specified entity name so reserved may be transferred to any other person by filing in the office of the RI Department of State a notice of the transfer, executed by the applicant for whom the name was reserved, specifying the name and address of the transferee, and paying the appropriate fee.		
4. List the Name of Applicant:		
Address:		
City/Town:	State:	Zip Code:
5. <i>Under penalty of perjury, I declare and affirm that the information contained herein is true and correct.</i>		
Submitted by:		
Address:		
City/Town:	State:	Zip Code:
Signature of Authorized Person		Date

MAIL TO:

Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov



STAMP

FOR
 SECRETARY OF STATE
 USE ONLY

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.



Filer Contact Information

In the event our office needs more information in order to complete the filing of this document, we ask for the filer's contact information. **All fields are REQUIRED.**

Name:		Date:
Proposed Entity Name:		
Street Address:		
City:	State:	Zip Code:
Email Address:		Phone Number: