

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

Instructions for Filing Business Corporation Statement of Abandonment of Use of Fictitious Business Name

Section 7-1.2-402 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 <u>38-2-1</u>, 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:

- 1. List the entity's ID number. The ID number can be found by looking up your entity in the <u>Corporate Database</u>.
- 2. List the name of the corporation. The entity name can be verified through our <u>Corporate Database</u>. If the corporate name has changed an amendment, form <u>101</u> or form <u>151</u>, must be filed with this office. <u>Electronic filing</u> may be available.
- 3. List the fictitious business name the entity would like to abandon.
- 4. List the date when the original fictitious name statement was filed.
- 5. List the state or country of incorporation.
- Domestic entities MUST list the date of incorporation. Foreign entities MUST list the date of qualification in Rhode Island. The entity's date of incorporation/ qualification can be verified through our <u>Corporate</u> <u>Database</u>.
- List the address of the registered office as **PRESENTLY** shown in the corporate records on file with our office. The entity's registered agent office can be verified through our <u>Corporate Database</u>.
- 8. An Authorized Officer of the corporation **MUST** sign and date the 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 <u>online</u> 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.



Statement of Abandonment of Use of Fictitious Business Name

DOMESTIC or FOREIGN Business Corporation

 \rightarrow Filing Fee: \$50.00

Pursuant to RIGL 7-1.2-402, the undersigned business corporation hereby abandons the use of a fictitious business name in the transaction of business in the state of Rhode Island and submits the following:

1. Entity ID Number:	2. The name of the Corporation is:				
3. List the fictitious business name to be abandoned:					
4. The date when the original fictitious name statement was filed is:					
5. List the state or country the entity is incorporated in:		6. List the date of incorporation:			
7. List the address of its registered office within Rhode Island:					
Street Address					
City		State RHODE ISLAND	Zip		
8. Under penalty of perjury, I declare that the information contained herein is true and correct.					
Name of Authorized Officer of	f the Corporation		Date		
Signature of Authorized Office	∋r of the Corporation		1		

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



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