



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

Instructions for Filing Affidavit of Unauthorized Formation

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

This affidavit of unauthorized formation should only be completed by an individual to report the formation of an entity with this office that bears the individual's legal name and/or address and the filing was recorded without the individual's knowledge or consent.

This affidavit is not intended to be filed by an individual who knowingly and voluntarily submitted articles of formation to this office and later determined they want to dissolve/cancel/terminate the entity. Individuals who want to dissolve/cancel/terminate an existing entity should contact our call center at 401-222-3040 or visit www.sos.ri.gov/divisions/business-services for specific filing instructions.

Individuals who knowingly file this form under false pretenses may be found guilty of a crime in accordance with the provisions of R.I. Gen. Laws [§11-18-1](#).

Complainant's Information

1. List your full name.
2. List your complete address. A PO Box is acceptable. This must match the address used on the formation document.

Please make sure that you complete the Contact Information Sheet (pg. 4). The Contact Information Sheet is not a public record and the information provided will only be used by this office or a member of law enforcement.

Statement

3. Check the box to indicate the type of entity that was established without your knowledge. List the entity's ID number. The ID number can be found by looking up the entity in the [Corporate Database](#). List the name of the entity. The entity name can be verified through the [Corporate Database](#).
4. By filing this document, the individual signing the affidavit agrees with this statement.
5. Check the box(es) to indicate the step(s) that you have taken to report this unauthorized activity. Check as many boxes that apply. Use the "other" box to provide any additional information regarding the steps you have taken to report the unauthorized activity. Do not include any personally identifiable information such as a social security number, banking information, or credit card numbers.

Certification

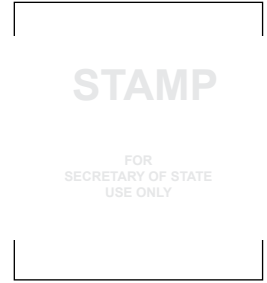
All complainants must appear before a Notary Public to complete the certification section. When completing the affirmation statement, please make sure that:

- The complainant completes the certification section of the affidavit.
- The Notary Public administers an oath or affirmation to the complainant, witnesses their signature, and completes the "notary" section of the notarial certificate.

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.

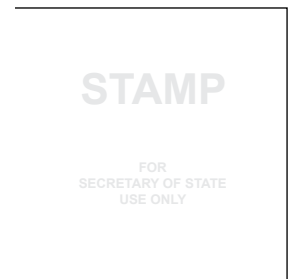


Affidavit of Unauthorized Formation

→ No Filing Fee

This affidavit is to be used to report the unauthorized formation of an entity with the RI Department of State Business Services Division.

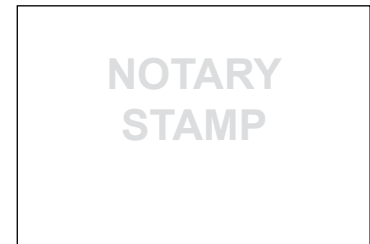
I. COMPLAINANT'S INFORMATION			
1. Name - First	Middle Initial (optional)	Last	
2. Street Address	City/Town	State	Zip Code
II. STATEMENT			
3. I know or suspect that someone used my identity to file formation documents to establish a: <ul style="list-style-type: none"> - Business Corporation RIGL 7-1.2 - Non-Profit Corporation RIGL 7-6 - Limited Liability Partnership RIGL 7-12.1 - Limited Liability Company RIGL 7-16 - Limited Partnership RIGL 7-13.1 			
Entity ID Number:	The name of the entity is:		
4. I did not submit the formation documents for this entity, nor did I give permission for this entity to be filed with the RI Department of State Business Services Division.			
5. I have taken the following steps to report this unauthorized activity: <p>I have reported the unauthorized formation to the US Federal Trade Commission.</p> <p>I have filed a police report with the _____ police department. The police report number is _____.</p> <p>Other:</p>			



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



III. CERTIFICATION		
I, _____, (complainant's name) declare and affirm that I have examined this Affidavit of Unauthorized Formation and all statements contained herein are true and correct.		
Type or Print Name of Complainant	Date	
<i>Signature of Complainant</i> SIGN DOCUMENT HERE		
Notary		
State:	County:	
Subscribed and sworn to (or affirmed) before me on this _____ day of _____, 20____, by _____(name of complainant), who proved to me through satisfactory evidence of identification to be the person who appeared before me.		
Type or Print Name of Notary Public	Commission ID #	Commission Expiration
<i>Signature of Notary Public</i> SIGN DOCUMENT HERE		





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:

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.