



Instructions for Filing Affidavit of Unauthorized Reporting

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 reporting should only be completed by an entity to report to the Business Services Division the unauthorized filing of an annual report or other filing remitted by an unauthorized person that misrepresented the entity's officers, directors, partners, or managers of record.

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. Law [§11-18-1](#).

Complainant's Information

1. List the entity's ID number. The ID number can be found by looking the entity up in the [Corporate Database](#). List the name of the entity. The entity name can be verified through the [Corporate Database](#).
2. List the full name of the reporting individual. List the individual's title with respect to the entity.
3. List the complete address for the reporting individual.

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

4. Check the box to indicate the type of filing that was submitted to the Business Services Division. Complete the remainder of the statement. To verify the year of filing for the annual report in question, use the [Corporate Database](#). To verify the date of filing for the annual report or other filing in question, use the [Corporate Database](#).
5. Check the box(es) to indicate the step(s) that have been taken to report this unauthorized activity. Check as many boxes that apply. Use the "other" box to provide any additional information regarding the steps the entity has taken to report the unauthorized activity. Do not include any personally identifiable information such as an EIN number, individual's social security number, banking, or credit card identification numbers.

6. List the entity's principal place of business.
7. List the titles, names and addresses of the individuals that should be of record with the Business Services Division as the principals associated with the reporting entity.

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.



STAMP

FOR
SECRETARY OF STATE
USE ONLY

Affidavit of Unauthorized Reporting

→ No Filing Fee

This affidavit is to be used to report the unauthorized filing of an annual report or other filing that intentionally misrepresented the entity's officers, directors, partners, or managers of record.

I. COMPLAINANT'S INFORMATION			
1. Entity ID Number:	The name of the entity:		
2. Name - First/Last		Title	
3. Address	City/Town	State	Zip Code
II. STATEMENT			
4. The entity listed above did not submit or give its consent to file the following document: The _____ (year of report) annual report filed on _____ (month/day/year). Miscellaneous Filing Statement recorded on _____ (month/day/year). Articles of Amendment recorded on _____ (month/day/year).			
5. The entity has taken the following steps to report this unauthorized activity: I have reported the unauthorized activity to the US Federal Trade Commission. I have filed a police report with the _____ police department. The police report number is _____ Other: _____			
6. The undersigned affirms the entity's correct business information is:			
Office Address	City	State	Zip

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

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State of Rhode Island
Department of State - Business Services Division

7. The entity's officers/directors, partners, or managers of record are:

Title	Name	Address

Check the box to indicate an attachment

III. CERTIFICATION

I, _____, (complainant's name) declare and affirm that I have examined this Affidavit of Unauthorized Reporting and all statements contained herein are true and correct.

Type or Print Name
of Complainant

Date

Signature of Complainant

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

Signature of Notary Public

SIGN DOCUMENT HERE

NOTARY
STAMP

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 notaries@sos.ri.gov.



State of Rhode Island
Department of State - Business Services Division

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.