



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

## Instructions for Filing Statement of Revocation of Voluntary Dissolution Proceedings by Written Consent of Shareholders for a Domestic Corporation [Section 7-1.2-1304](#) 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:

***Corporations that have been dissolved may lose the right to their name. To determine whether or not the corporation's name is still available for use in this state, you may use the [Corporate Database](#). If the name is no longer available, a name change amendment (Form 101) must be filed along with this form.***

1. List the entity's ID number. The ID number can be found by looking up your entity in the [Corporate Database](#).
2. List the name of the corporation. The entity name can be verified through our [Corporate Database](#).
3. State the names and addresses of the directors.
4. State the names and addresses of the principal officers.
5. All shareholders entitled to vote thereon must sign a written consent. The consent may be signed in their names by their attorneys. A copy of the signed, written consent **MUST** be attached to this form.
6. This section acknowledges that the entity has paid all required fees and taxes.
7. This section acknowledges that this Statement shall be effective upon filing.
8. An Authorized Officer of the entity **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 [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.

### How to maintain your status:

The entity is responsible for filing an annual report each calendar year, excluding the year of incorporation, between February 1 and May 1. A courtesy reminder will be mailed to the registered agent prior to February 1 of each year. Be sure to follow up with your registered agent concerning the filing of this report. Failure to file an annual report or maintain a registered agent/office will result in revocation proceedings.

Every entity registered with the RI Department of State - Business Services Division will have filing requirements with the [Rhode Island Division of Taxation](#), even if no business is conducted within Rhode Island for a particular year. Your business may require additional licensing. Please visit our [website](#) for further information.

Your entity may also be required to report (and update, if necessary) information about the business and its beneficial owners to the U.S. Department of Treasury's Financial Crimes Enforcement Network (FinCEN). Visit [FinCEN.gov/boi](#) for more information.



## Statement of Revocation of Voluntary Dissolution Proceedings by Written Consent of Shareholders

DOMESTIC Business Corporation

→ Filing Fee: \$10.00

STAMP

FOR  
SECRETARY OF STATE  
USE ONLY

Pursuant to the provisions of RIGL [7-1.2-1304](#), the undersigned corporation submits the following statement of revocation of voluntary dissolution proceedings heretofore taken upon the written consent of all of its shareholders:



1. Entity ID Number:	2. The name of the corporation is:	
3. The names and respective addresses of its directors are:		
NAME	ADDRESS	
Check the box to indicate an attachment		
4. The names and respective addresses of its principal officers are:		
OFFICE	NAME	ADDRESS
PRESIDENT		
VICE PRESIDENT		
TREASURER		
SECRETARY		
Check the box to indicate an attachment		
5. The written consent has been signed by all shareholders entitled to vote thereon of the corporation or signed in their names by their authorized attorneys. <b>A copy of the written consent MUST be attached to this document.</b>		
6. As required by RIGL <a href="#">7-1.2-1306</a> , the entity has paid all fees and taxes.		
7. This Statement of Revocation of Voluntary Dissolution Proceedings by Written Consent of Shareholders shall be effective upon filing.		

**MAIL TO:**

**Division of Business Services**

148 W. River Street, Providence, Rhode Island 02904-2615

**Phone:** (401) 222-3040

**Website:** [www.sos.ri.gov](http://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](mailto:corporations@sos.ri.gov).

*8. Under penalty of perjury, I declare and affirm that I have examined this Statement of Revocation of Voluntary Dissolution Proceedings by Written Consent of Shareholders, including any accompanying attachments, and that all statements contained herein are true and correct.*

Type or Print Name of Authorized Officer of the Corporation

Date

Signature of Authorized Officer of the Corporation

**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](mailto: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: