



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

Instructions for Filing

Statement of Revocation of Voluntary Dissolution Proceedings by Act of the Corporation for a Domestic Corporation

[Section 7-1.2-1305](#) 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, the withdrawal of the Statement of Revocation will require the filing of a name change amendment.

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. State the resolution adopted by the shareholders of the entity revoking its voluntary dissolution proceedings.
6. State the number of outstanding shares.
7. State the number of shares voted for and against the resolution, respectively.
8. This section acknowledges that the entity has paid all required fees and taxes.
9. This section acknowledges that this statement shall be effective upon filing.
10. 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 Act of the Corporation

DOMESTIC Business Corporation

→ Filing Fee: \$10.00

STAMP

FOR
 SECRETARY OF STATE
 USE ONLY

Pursuant to RIGL [7-1.2-1305](#), the undersigned corporation submits the following statement of revocation of voluntary dissolution proceedings heretofore taken by act of the corporation:



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:		
OFFICE	NAME	ADDRESS
PRESIDENT		
VICE PRESIDENT		
TREASURER		
SECRETARY		

Check the box to indicate an attachment

5. The resolution adopted by the shareholders of the corporation revoking its voluntary dissolution proceedings is as follows:

Check the box to include an attachment

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

6. The number of shares outstanding is:	
7. The number of shares voted for and against the resolution, respectively are:	
8. As required by RIGL 7-1.2-1306 , the entity has paid all fees and taxes.	9. This Statement of Revocation of Voluntary Dissolution Proceedings by Act of the Corporation shall be effective upon filing.
10. <i>Under penalty of perjury, I declare and affirm that I have examined this Statement of Revocation of Voluntary Dissolution Proceedings by Act of the Corporation, including any accompanying attachments, and that all statements contained herein are true and correct.</i>	
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.



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: