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All illegible documents
will be REJECTED.

## Instructions for Filing Application for Amended Certificate of Authority

Section 7-1.2-1411 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:

- 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>.
- 3. List the state or country under whose laws the corporation was incorporated.
- 4. List the date the RI Department of State issued the Certificate of Authority.
- If the entity's name has changed, state the new name. You may check <u>name availability</u> on our website. If there is no change to the entity name, check the box to indicate no change.
- 6. Complete section 6 ONLY if you will be conducting business under a different name in Rhode Island. If the name of your corporation does not include the words "corporation," "company," "incorporated," "limited," or one of these abbreviations: "inc.," "co.," "corp.," or "Itd", you MUST complete section 6(a).
  - a. ONLY complete section 6(a) if your entity's name does not does not include the words "corporation," "company," "incorporated," "limited," or one of these abbreviations: "inc.," "co.," "corp.," or "ltd." To complete section 6(a) re-write the name so that it includes one of these words or abreviations.
  - b. Complete section 6(b) if the new name is unavailable for use in Rhode Island. If this is the case, you must also file a Fictitious Business Name Statement, <u>Form</u> 624A, attached to this application. The Fictitious Business Name Statement has a \$50 filing fee.
- 7. If the entity's purpose is changing, state so. If there is not a change to the purpose check the box to indicate no change.
- 8. If there is an increase of authorized shares, list the total number of shares the corporation has the authority to issue, itemized by class and series if applicable. The filing fee for an increase in authorized shares is \$235. If there is not a change to the total authorized shares, check the box to indicate no change. If there is a decrease in the authorized shares, **DO NOT** complete this form. To decrease the number of total authorized shares, you must submit to this office a statement listing the number of shares the corporation has authority to

issue, itemized by class and series *if applicable*. Include a \$10 filing fee with the statement.

Complete sections 8a and 8b in the following manner:

- a. List the percentage of the corporation's property to be located in Rhode Island (obtained from worksheet).
- b. List the percentage of the corporation's total business that will be conducted in Rhode Island (obtained from worksheet).
- This section acknowledges that the entity has paid all required fees and taxes.
- 10. This section acknowledges that except as herein modified, the original Application for Certificate of Authority continues in full force and effect and is hereby confirmed, ratified and incorporated by reference into this Application for Amended Certificate of Authority.
- 11. Check "Date received" unless you prefer that the Application go into effect at a later date than when it is received in this office. Any later date must be within 90 days of filing.
- 12. An Authorized Officer **MUST** sign and date the form.

#### How to complete the worksheet:

This section is to be completed to obtain the percentages required in sections 8a and 8b on the form.

- 1. Complete sections 1a, 1b and 1c in the following manner:
  - a. State the estimated value of <u>ALL</u> property owned by the corporation, regardless of its location.
  - b. State the estimated value of the property owned by the corporation that will be located in Rhode Island.
  - c. Estimate the percentage of the corporation's property to be located in Rhode Island.

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# Instructions for Filing (continued) Application for Amended Certificate of Authority

Section 7-1.2-1411 of the General Laws of Rhode Island, 1956, as amended.

#### How to complete the worksheet (continued):

- 2. Complete sections 2a, 2b and 2c in the following maner:
  - Estimate the gross amount of <u>ALL</u> business the corporation will do in the upcoming year.
  - Estimate the gross amount of business that will specifically be done in Rhode Island in the upcoming year.
  - c. Calculate the estimated percentage of the corporation's total business that will be conducted in Rhode Island.

#### 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 <u>FinCEN.gov/boi</u> for more information.

### **Application for Amended Certificate of Authority**

Pursuant to the provisions of RIGL 7-1.2-1411, the undersigned foreign corporation hereby applies for an

**FOREIGN Business Corporation** 

→ Filing Fee: \$75.00 (\$235 for an increase in authorized shares)

STAMP

Amended Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement: 1. Entity ID Number: 2. The name of the corporation is: 3. It is incorporated under the laws of: 4. List the date the Certificate of Authority was issued by the RI Department of State: 5. If the entity's name has changed, state the new name: Check box to indicate no change 6. The name, if different, which it elects to use in Rhode Island is: (a) If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation," "company," "incorporated," or "limited," or an abbreviation thereof, then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island: (b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application: 7. If the entity's purpose is changing complete the following section: \*The new purpose should include ALL activity to be transacted in the State of Rhode Island. Check the box to indicate an attachment Check box to indicate no change

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

8. If there has been an increase in the authorized shares of the corporation complete the following section:  *List ALL authorized shares as of this amendment.					
NUMBER OF SHARES	CLASS	SERIES	PAR VALUE (	OR STATE NO PAR VALUE	
Check the box to indicate	an attachment		Check	box to indicate no change	
of the corporation to be loo	cated within this state oration to be owned du	tion that the estimated value of during the following year bears ring the following year, wherev	to the value	%	
8b. An estimate, <b>as a percentage</b> , of the proportion of the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year compared to the gross amount thereof which will be transacted by the corporation during the following year. ( <i>Note: Percentage obtained from worksheet.</i> )					
9. As required by RIGL <u>7-1.2-105</u> , the corporation has paid all fees and taxes.					
10. Except as herein modified, the original Application for Certificate of Authority continues in full force and effect and is hereby confirmed, ratified and incorporated by reference into this Application for Amended Certificate of Authority.					
11. Date when the Amended Certificate of Authority will be effective: CHECK ONE BOX ONLY					
Date received (Upon Later effective date (I	<b>G</b> ,	than 90 days from the date of	filing)		
12. Under penalty of perjury, I declare and affirm that I have examined this Application for Amended Certificate of Authority, including any accompanying attachments, and that all statements contained herein are true and correct.					
Name of Authorized Officer of the Corporation				Date	
Signature of Authorized O	fficer		•		

#### License Fee Worksheet

### for an Application for Amended Certificate of Authority by a Foreign Business Corporation Section 7-1.2-1411 of the General Laws of Rhode Island, 1956, as amended

Use worksheet to calculate the corporation's license fee: 1. (a) Estimate, in dollars, the value of all property to be (b) Estimate, in dollars, the value of the corporation's owned by the corporation for the following year, wherever property to be located within Rhode Island during the located: following year: c) An estimate, as a percentage, of the proportion that the estimated value of the property of the corporation to be located within this state during the following year bears to the value of all property of the corporation to be owned during the following year, wherever located: (Note: Divide (1b) by (1a) and multiply by 100 to obtain the percentage.) 2. (a) Estimate, in dollars, the gross amount of business to be (b) Estimate, in dollars, the gross amount of business to be transacted by the corporation during the following year: transacted by the corporation at or from places of business in Rhode Island during the following year: (c) An estimate, as a percentage, of the proportion of the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year compared to the gross amount thereof which will be transacted by the corporation during the following year: (Note: Divide (2b) by (2a) and multiply by 100 to obtain the percentage.)

\*This worksheet is NOT a public document and will NOT be imaged.

MAIL TO:

**Division of Business Services** 148 W. River Street, Providence, Rhode Island 02904-2615

**Phone:** (401) 222-3040 **Website:** www.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: