



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

Instructions for Filing Notice of Transfer of Reserved Name

[Section 7-1.2-403](#), [7-13.1-115](#), [7-12.1-906](#), [7-16-10](#) and [7-6-11.1](#) 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:

The right to the exclusive use of a specified entity name may be transferred to any other person. The transfer of the entity name is valid for a period of 120 days from the date of the ORIGINAL filing.

1. List the name of the entity name to be transferred.
2. List the name and address to whom the name is being transferred.
3. List the date the name was originally reserved.
4. The applicant to whom the name was originally reserved **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.



Notice of Transfer of Reserved Name

DOMESTIC or FOREIGN Entity

- Business Corporation Filing Fee: \$50.00
- Limited Liability Partnership Filing Fee: \$50.00
- Limited Partnership Filing Fee: \$50.00
- Limited Liability Company Filing Fee: \$50.00
- Non-Profit Corporation Filing Fee: \$20.00

STAMP

FOR
 SECRETARY OF STATE
 USE ONLY



The undersigned applicant applies for transfer of the following entity name for a non-renewable period of 120 days from the date of the **ORIGINAL** filing (pursuant to RIGL [7-1.2-403](#), [7-13.1-115](#), [7-12.1-906](#), [7-16-10](#), and [7-6-11.1](#)), the undersigned hereby transfers:

1. The name to be transferred is:		
2. List the name and address to whom the reserved entity name is being transferred:		
Name:		
Address:		
City/Town:	State:	Zip Code:
3. List the date the name was originally reserved:		
4. <i>Under penalty of perjury, I declare and affirm that the information contained herein is true and correct.</i>		
Print Name of Applicant to whom the name was reserved		Date
Signature of Applicant		

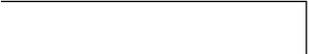
MAIL TO:

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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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:
Proposed Entity Name:		
Street Address:		
City:	State:	Zip Code:
Email Address:		Phone Number: