



State of Rhode Island  
Department of State - Business Services Division

Instructions for Filing  
Non-Profit Corporation

Statement of Abandonment of Use of Fictitious Business Name

[Section 7-6-11](#) of the General Laws of Rhode Island, 1956, as amended

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

*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 [Corporate Database](#). Please include this number on your check and refer to it in any future correspondence or filings with the Business Services Division.
2. List the name of the non-profit corporation. The entity name can be verified through our [Corporate Database](#). If the entity name has changed, an amendment, form [201](#) or form [251](#), must be filed with this office.
3. List the fictitious business name the entity would like to abandon.
4. List the date when the original fictitious business name statement being abandoned was filed.
5. List the state or country of incorporation.
6. Domestic entities **MUST** list the date of incorporation. Foreign entities **MUST** list the date of qualification in Rhode Island. The entity's date of incorporation/qualification can be verified through our [Corporate Database](#).
7. An Authorized Person of the non-profit corporation **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.



## Statement of Abandonment of Use of Fictitious Business Name

DOMESTIC and FOREIGN Non-Profit Corporation

→ Filing Fee: \$20.00

**STAMP**

FOR  
 SECRETARY OF STATE  
 USE ONLY

Pursuant to the provisions of RIGL [7-6-11](#), the undersigned non-profit corporation hereby abandons the use of a fictitious business name in the transaction of its affairs in the state of Rhode Island and submits the following:



1. Entity ID Number:	2. The name of the corporation is:	
3. The fictitious business name to be abandoned is:		
4. The date when the original fictitious business name statement being abandoned was filed is:		
5. The state or country the entity is incorporated is:	6. The date of incorporation is:	
7. <i>Under penalty of perjury, I declare that the information contained herein is true and correct.</i>		
Name of Applicant Non-Profit Corporation		
Title of Authorized Person	Date	
Signature of Authorized Person		

**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)



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:

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