



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

Instructions for Filing Revocation of Power of Attorney by Nonresidents Doing Business in the State of Rhode Island

[Section 9-5-30](#) 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 name of the individual or partnership.
2. List the date the RI Department of State issued the Appointment of Attorney by nonresidents doing business in the State of Rhode Island.
3. List the name of the Attorney to be revoked.
4. An authorized person **MUST** sign and date the application.

****RIGL [9-5-30](#) Replacement of attorney for nonresident – Revocation of power.**

If resident attorney, as provided in RIGL [9-5-29](#), shall die, resign, or remove from the state, the individual or partnership shall forthwith file with the secretary of state a further similar written power appointing some other competent resident in this state as his or her or its attorney for the purpose as provided in § 9-5-29. No power of attorney required to be filed by § 9-5-29 shall be revoked until after a like power shall have been given to some other competent person resident in this state and filed. Any such individual or partnership which has ceased to have a usual place of business in this state or to be engaged in this state in the construction, erection, alteration, or repair of a building, bridge, railroad, railway, or structure of any kind, may, however, revoke the power of attorney by a written instrument of revocation filed in the office of the secretary of state; but no such revocation shall be effective as to any liability arising out of any act or omission occurring prior to the time when the individual or partnership ceased to have a usual place of business in this state or to be engaged here.

How to pay the filing fee:

There is no filing fee to record an appointment of attorney by nonresidents doing business in the State of Rhode Island. You can submit your completed form to 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.



Application for Revocation of Attorney by Nonresidents Doing Business in the State of Rhode Island

→ Filing Fee: \$5.00

STAMP

FOR
SECRETARY OF STATE
USE ONLY

Pursuant to the provisions of RIGL [9-5-29](#), the undersigned athlete agent, submits the following application for registration:



1. The name of the individual or partnership is:

2. The date the Appointment of Attorney was issued by the RI Department of State:

3. The Attorney to be revoked:

Under the penalty of perjury, I declare and affirm that I have examined this Replacement of Attorney by Nonresidents Doing Business in the State of Rhode Island, including any accompanying attachments, and that all statements contained herein are true and correct.

Type or Print the Name of the Individual or Partnership

Type or Print Name 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



STAMP

FOR
SECRETARY OF STATE
USE ONLY



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:
Street Address:		
City:	State:	Zip Code:
Email Address:		Phone Number: