



Instructions for Filing

Application for the Registration of a Service Mark

[Chapter 6-2](#) 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.

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

How to complete the form:

All sections of the form **MUST** be completed.

1. Check the box to indicate if the applicant is an individual, partnership, corporation, limited liability company, union or association.
 - (a) List the full name of the applicant.
 - (b) List the entity name and state of formation, *if applicable*.
2. List the principal business address.
3. Describe the mark by first checking the box that best describes the type of mark you are filing. Second, describe the mark you are registering. The description legally defines your mark. Describe the mark in such a way that an individual can visualize the mark by reading the description without ever seeing a copy of the design/specimen.
4. If your mark includes a generic word or image that cannot be claimed for your exclusive use, provide an appropriate disclaimer. A disclaimer does not remove the word or image from your mark but acknowledges the element of your mark that cannot be claimed for your exclusive use. If you are not disclaiming a portion of your mark, check the box labeled "No disclaimer required."
5. Describe the specific services your mark represents.
6. Each category of services corresponds to a class number. List one class number. Class numbers and descriptions are provided with these instructions (pg. 2). If your mark fits into two classes, you will have to file a separate application for each class.
7. Check the box to indicate how the mark is being used. Check all boxes that apply.
8. List the date the applicant (or the applicant's predecessor) first used the mark. If first use of the mark was in Rhode Island, list the same date in (a) & (b).
9. If the applicant's predecessor first used the mark on one or both of the dates listed in section 8, state which use(s) were by a predecessor and identify the predecessor.
10. The applicant or the applicant's authorized representative must agree to the statement listed in the acknowledgement.

Signature

The applicant must appear before a Notary Public to sign the Service Mark application.

1. The applicant completes the "Applicant" section of the certificate.
2. The Notary Public administering the oath completes the "Notary" section of the certificate.

Samples (specimen):

Provide three (3) Specimens (samples) of the mark. Specimens should be clear photographs or copies of items (showing the mark being applied for) that are actually used by the applicant in commerce. The three identical specimens should be submitted one per page on 8 ½ x 11" paper. You may not staple, tape, or glue a physical specimen to a sheet of paper. Specimens you can submit for a service mark include the following:

- Business Card (with entire mark displayed).
- Letterhead (with entire mark displayed).
- Newspaper and magazine advertisements depicting the mark (the full-page ad).
- A web page printout where the mark is in use on the applicant's web page with the entire mark and applicant's web address visible on the page. (Social media is not acceptable).
- A photograph of marketing items such as a mug, ink pen, pencil, or notebook (with entire mark displayed).
- Menus, napkins, matchbooks used in restaurants, clubs and bars (with the entire mark displayed).
- Clear photograph of the entire mark displayed on a sign, billboard, marquis, store, shop, restaurant, medical facility, office building, vehicle, shirt or hat, etc.

These specimens are **never acceptable**:

- Camera-ready layouts or camera-ready art
- Drawings
- Blueprints
- Voided checks and deposit slips.



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How to pay the filing fee:

The filing fee is \$50, payable in person via cash, credit card, or check at the Business Services Division, located at 148 W. River Street, Ste. 1, Providence, RI 02904. You can also submit your application by mail and pay via check made payable to RI Department of State. Each class number requires an additional application. Contact our office at (401) 222-3040 for further information.

How to maintain your mark:

The registration is active for ten (10) years. We will send a courtesy reminder six (6) months before the expiration date. If your address changes, file Form 668, Change of Address for a Trademark or Service Mark Registration.

It is your legal responsibility to police and protect your registered trademark or service mark. The Rhode Island Secretary of State's office cannot provide legal advice, send notices on your behalf to others, or prosecute infringement on your registered mark. All trademark/service mark disputes are handled by legal action. If you feel your mark has been compromised by another party, you should contact a qualified attorney.

How to confirm your filing:

Registrations are retrievable and viewable through our website. Successful filings will receive a certificate. 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 [Trademark/Service Mark Database](#)
- Enter the name or ID number of your mark and click "Search"
- Click on the link to your original number, scroll down, click on the image
- Filing rejections can be viewed online via the [Rejected Filings Viewer](#) on our website.

Classification of Services:

- CLASS 35** – Advertising; business management; business administration; office functions.
- CLASS 36** – Insurance; financial affairs; monetary affairs; real estate affairs.
- CLASS 37** – Building construction; repair; installation services.
- CLASS 38** – Telecommunications.
- CLASS 39** – Transport; packaging and storage of goods; travel arrangements.
- CLASS 40** – Treatment of materials.
- CLASS 41** – Education; providing training; entertainment; sporting and cultural activities.
- CLASS 42** – Scientific and technological services and research and design relating thereto; industrial analysis and research services; design and development of computer hardware and software.
- CLASS 43** - Services for providing food and drink; temporary accommodation.
- CLASS 44** - Medical services; veterinary services; hygienic and beauty care for human beings or animals; agriculture, horticulture and forestry services.
- CLASS 45** - Legal services; security services for the physical protection of tangible property and individuals; personal and social services rendered by others to meet the needs of individuals.



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Duration 10 years
 → Filing Fee: \$50.00

STAMP

FOR
 SECRETARY OF STATE
 USE ONLY

Pursuant to RIGL [Chapter 6-2](#) the applicant submits the following application for the purpose of registering a service mark:



1. The applicant is a(an): CHECK ONE BOX ONLY		
<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Union <input type="checkbox"/> Association		
(a) Applicant name, <i>to be completed by an individual:</i>		(b) Entity name, <i>to be completed by an entity:</i>
First:	Name of Entity:	
Middle:		
Last:		
State of Formation:		
2. Principal place of business:		
Street address:		
City/Town:	State:	Zip Code:
3. About the mark: Mark includes CHECK ONE BOX ONLY		
<input type="checkbox"/> Words Only <input type="checkbox"/> Words and Logo <input type="checkbox"/> Logo Only		
Provide a complete description of the mark:		

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

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4. Use this space to disclaim components of the mark that are generic or descriptive of the service, if applicable:

No disclaimer required

5. Describe the specific services that the mark will represent:

6. Provide one classification number:

7. How is the mark used? **CHECK ALL THAT APPLY**

in advertisements of the service

on documents, wrappers or articles delivered in connection with the service rendered

in other fashions, if so specify:

8. Date of the first use of mark by applicant or predecessor. (If first use of mark was in Rhode Island, use same date in both a and b.)

(a) Anywhere	(b) In Rhode Island
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9. If either of the above first uses was by a predecessor of the applicant, state which use or uses were by a predecessor and identify the predecessor.

10. As the applicant or applicant's authorized representative, I declare the mark is in use in the state of Rhode Island, I/ they own the mark and to the best of my knowledge no other person has the right to the use of the mark in this state either in its identical form or in such near resemblance that when applied to my/their services it will cause confusion, mistake or deception.

Applicant: To the best of my knowledge or belief, the statements contained within this application are truthful and accurate.

Type or Print Name of Applicant or Applicant's Authorized Representative	Title (if applicable)
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Signature of Applicant or Applicant's Authorized Representative	Date
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Notary:

Name of Notary	State	County
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On _____ day of _____, 20____ the applicant, known to me or proved through satisfactory evidence, signed the application in my presence and swore or affirmed the statements in the application are truthful and accurate and declared that they signed document in the indicated capacity.

Signature of Notary Public	Date
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Commission ID#	Commission Expiration Date	Notary Seal
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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: