



## Instructions for Filing

### Assignment of an Application for a Service Mark or Trademark

[Chapter 6-2-6](#) 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. List the registration number of the service mark or trademark you want to transfer. The registration number can be found by looking up your registration in the [Trademark/Service Mark Database](#).
2. Check the box to indicate if the assignment is for a Service Mark or a Trademark.
3. Check the box to indicate if the current registrant is an individual, partnership, corporation, limited liability company, union or association. This information must match the current information of record.
  - (a) List the full name of the current registrant.
  - (b) List the entity name and state of formation of the current registrant, *if applicable*.
4. The current registrant or the registrant's authorized representative must agree to the statement listed in the acknowledgement.
5. Check the box to indicate if the assignee is an individual, partnership, corporation, limited liability company, union or association.
  - (a) List the full name of the assignee.
  - (b) List the entity name and state of formation of the assignee, *if applicable*.
6. List the full address of the assignee.
7. Check "Date received" unless you prefer that the Assignment go into effect at a later date than when the form is received in this office.

### Signature

The registrant must appear before a Notary Public to sign the Assignment of a Service Mark or Trademark Form.

1. The registrant completes the "Registrant" section of the certificate.
2. The Notary Public administering the oath completes the "Notary" section of the certificate.

### How to pay the filing fee:

The filing fee is \$20, 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. 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 the original number
- Filing rejections can be viewed online via the [Rejected Filings Viewer](#) on our website.



## Assignment of an Application for a Service Mark or Trademark

STAMP

FOR SECRETARY OF STATE USE ONLY

→ Filing Fee: \$20.00

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



1. Registration Number:		2. This renewal is for a: <b>CHECK ONE BOX ONLY</b>	
		Service Mark Trademark	
3. The current registrant is a(an): <b>CHECK ONE BOX ONLY</b>			
Individual		Partnership	
Corporation		Limited Liability Company	
Union		Association	
(a) Registrant 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:	
4. The current registrant named above assigns to assignee all right, title and interest in and to the above referenced mark and its registration.			
5. The assignee is a(an): <b>CHECK ONE BOX ONLY</b>			
Individual		Partnership	
Corporation		Limited Liability Company	
Union		Association	

**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)



STAMP

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(a) Assignee 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:	
6. Assignee address			
Street Address:			
City/Town:		State:	Zip Code:
7. Date when this Assignment will be effective: <b>CHECK ONE BOX ONLY</b>			
Date received (Upon filing)			
Later effective date (Date later than the date the form is received in this office) _____			
<b>Registrant:</b> To the best of my knowledge or belief, the statements contained within this application are truthful and accurate.			
Type or Print Name of Registrant or Registrar's Authorized Representative		Title ( <i>if applicable</i> )	
Signature of Registrant or Registrant's Authorized Representative			Date
<b>Notary:</b>			
Name of Notary		State	County
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
Commission ID#	Commission Expiration Date	Notary Seal	

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