Instructions for Filing Assignment of an Application for a Service Mark <u>or</u> Trademark

Chapter 6-2-6 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. All sections of the form MUST be completed.
- 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.
- 3. Check the box to indicate if the assignment is for a Service Mark or a Trademark.
- 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.
- The current registrant or the registrant's authorized representative must agree to the statement listed in the acknowledgement.
- 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.
- 7. List the full address of the assignee.
- 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 <u>Trademark/Service Mark Database</u>
- 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 <u>Rejected Filings Viewer</u> on our website.

Assignment of an Application for a Service Mark <u>or</u> Trademark

→ Filing Fee: \$20.00



Pursuant to RIGL <u>Chapter 6-2-6</u> the applicant submits the following application for the purpose of registering a service mark **or** trademark:

	2. This renewal is for a: CHECK ONE BOX ONLY			
	Service Mark			
	Trademark			
3. The current registrant is a(an): CHECK ONE BOX ONLY				
Partnership				
imited Liability Company				
ssociation				
ompleted by an individual:	(b) Entity name, to be completed by an entity:			
	Name of Entity:			
	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.				
HECK ONE BOX ONLY				
Partnership				
imited Liability Company				
ssociation				
i	artnership mited Liability Company ssociation ompleted by an individual: ned above assigns to assignee al HECK ONE BOX ONLY artnership mited Liability Company			

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 STATI

(a) Assignee name, to be com	pleted by an individual:	(b) Entity name, to be completed by an entity:			
First:		Name of Entity	r:		
Middle:					
Last:		State of Formation:			
6. Assignee address					
Street Address:					
City/Town:		State:		Zip Code:	
7. Date when this Assignment w	ill be effective: CHECK ONE BO	X ONLY			
Date received (Upon filing	g)	,	,		
Later effective date (Date	later than the date the form is	received in this	office)		
Registrant: To the best of my ki	nowledge or belief, the statemen	ts contained with	in this applicatio	n are truthful and accurate.	
Type or Print Name of Registrant or Registarnt's Authorized Representative Ti			Title (if applicable)		
Signature of Registrant or Registrant's Authorized Representative				Date	
Notary:					
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			

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: