



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

## Instructions for Filing Statement of Voluntary Cancellation of Service Mark or Trademark Registration

[Chapter 6-2-8](#) 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. All sections of the form MUST be completed.
2. List the registration number of the service mark or trademark you want to cancel. 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 cancellation is for a Service Mark or a Trademark.
4. 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*.
5. Check "Date received" unless you prefer that the Cancellation 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:

There is no filing fee to cancel a mark registration. The Business Services Division is located at 148 W. River Street, Ste. 1, Providence, RI 02904. Contact our office at (401) 222-3040 for further information.

### 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.



## Statement of Voluntary Cancellation of Service Mark or Trademark Registration

→ No Filing Fee

STAMP

FOR  
SECRETARY OF STATE  
USE ONLY

Pursuant to RIGL [Chapter 6-2-8](#) the applicant submits the following application for the purpose of canceling a service mark **or** trademark:



|   |  |   |  |
|---|--|---|--|
| 1. Registration Number:   |  | 2. This renewal is for a: <b>CHECK ONE BOX ONLY</b> |  |
|   |  | Service Mark<br>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, to be completed by an individual:                                    |  | (b) Entity name, to be completed by an entity:      |  |
| First:  |  | Name of Entity:                                     |  |
| Middle:   |  |   |  |
| Last:   |  |   |  |
|   |  | State of Formation:                                 |  |
| 4. Date when this Cancellation 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) _____ |  |   |  |



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FOR  
SECRETARY OF STATE  
USE ONLY

**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)

|   |                            |                       |
|---|----------------------------|-----------------------|
| <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 (if applicable) |
| 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: |