



Instructions for Filing Annual Report for a Corporation

[Section 7-1.2-1501](#) of the General Laws of Rhode Island, 1956, as amended

How to complete the form:

1. List the entity's ID number. The ID number can be found by looking up your entity in the [Corporate Database](#). Please include this number on your check and refer to it in any future correspondence or filings with the Business Services Division.
2. List the name of the corporation. The entity name can be verified through our [Corporate Database](#). If the entity name has changed, an amendment, form [101](#) or form [151](#), must be filed with this office. [Electronic filing](#) is available.
3. List the address of the principal office of the corporation.
4. Enter the six digit NAICS code that describes the primary type of business in which the entity engages. Download our [NAICS Code List](#).
5. List the state or country of incorporation.
6. Provide a brief statement of the character of business in which the corporation is actually engaged in this state. If the corporation is inactive, this section must still be completed.
7. List the names and respective addresses of the officers of the corporation. **Do not leave areas blank.** If the answer is none, write "none." If additional space is needed, check the box and include the entity ID number on the attachment.
8. List the names and respective addresses of the directors of the corporation. **Do not leave areas blank.** If the answer is none, write "none." If additional space is needed, check the box and include the entity ID number on the attachment.
9. The corporation's exact number of authorized shares is of record in this office and can be found on the entity summary screen. If there has been a change in the authorized shares of the corporation, please contact our office.
10. Provide the number of issued shares along with the class, series and par value on the form. **Do not leave this area blank.** If the answer is none, write "none."
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.
12. An Authorized Representative **MUST** sign and date the form.

How to pay the filing fee:

The filing fee is payable either by mail via check made payable to RI Department of State or in person via cash, credit card, or check at 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.

How to maintain your status:

The entity is responsible for filing an annual report each calendar year, excluding the year of incorporation, between February 1 and May 1. A courtesy reminder will be mailed to the registered agent prior to February 1 of each year. Be sure to follow up with your registered agent concerning the filing of this report. Failure to file an annual report or maintain a registered agent/office will result in revocation proceedings.

Every entity registered with the RI Department of State - Business Services Division will have filing requirements with the [Rhode Island Division of Taxation](#), even if no business is conducted within Rhode Island for a particular year. Your business may require additional licensing. Please visit our [website](#) for further information.



State of Rhode Island
Department of State - Business Services Division

STAMP

FOR
SECRETARY OF STATE
USE ONLY

Annual Report for the year:

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number:

2. Exact name of the Corporation:

3. Principal Office Address

City

State

Zip

4. NAICS Code

6. Brief description of the character of business conducted in Rhode Island

5. State of Incorporation

7. List ALL officers (names and addresses)

President

Name

Street Address

City

State

Zip

Vice-President

Name

Street Address

City

State

Zip

Secretary

Name

Street Address

City

State

Zip

Treasurer

Name

Street Address

City

State

Zip

8. List ALL directors (names and addresses)

Director Name

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

9. Shares Authorized

This information is currently of record in the
Department of State.

Changes require an additional filing.

10. Shares Issued

NUMBER OF SHARES

Check the box to indicate an attachment

CLASS/SERIES

PAR VALUE

11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Name of Authorized Representative

Date

Signature of Authorized Representative

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov



**State of Rhode Island
Department of State - Business Services Division**

The Department of State tracks the number of new business filings on a quarterly and an annual basis. We are seeking more information from corporations and hope these three voluntary questions will help us better present useful trends and information on the health of our economy:

Entity ID Number: Name of the Corporation:

1. Does the business owner self-identify as any of the following:

Woman

Veteran

Disabled

Member of a socially and economically disadvantaged group (i.e., as defined under the US Small Business Administration's 8(a) Program: Black, Hispanic, Native American, Asian Pacific or Subcontinent Asian American)

2. How many full-time employees does the business have:

0

1-5

6-50

51-200

201-500

Over 500

3. What are the gross revenues for the business for the past year:

\$0-\$50,000

\$51,000-\$250,000

\$251,000-\$500,000

\$501,000-\$1,000,000

Over \$1,000,000

Please note that all records maintained by or kept on file by the Department of State shall be public records unless exempt from disclosure in accordance with RIGL [38-2 Access to Public Records](#).

MAIL TO:

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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:

Proposed Entity Name:

Street Address:

City:

State:

Zip Code:

Email Address:

Phone Number: