



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

## Instructions for Filing Application for Certificate of Withdrawal for a Foreign Business Corporation

[Section 7-1.2-1412](#) and [7-1.2-1413](#) 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:

**Before submitting this form, ensure your entity has filed its final tax return and is in good standing with the Division of Taxation. You can confirm your tax status by contacting the Division of Taxation at [tax.collections@tax.ri.gov](mailto:tax.collections@tax.ri.gov) or (401) 574-8941.**

1. List the entity's ID number. The ID number can be found by looking up your entity in the [Corporate Database](#).
2. List the name of the corporation. The entity name can be verified through our [Corporate Database](#).
3. List the state of formation under whose laws the company is incorporated.
4. This section acknowledges that the entity is not transacting business in this state and surrenders its authority to transact business in this state.
5. This section acknowledges that the Department of State will receive future service of process for the entity regarding the transaction of business in Rhode Island.
6. List the address where the RI Department of State may mail a copy of service of process against the entity received by the Department of State.
7. As required by [RIGL 7-1.2-1413](#), the entity must certify that it has paid all fees and taxes. Confirm with the RI Division of Taxation that all tax obligations have been satisfied. You can verify your tax status by emailing [tax.collections@tax.ri.gov](mailto:tax.collections@tax.ri.gov).
8. If a receiver or trustee is responsible for the entity, that receiver or trustee must execute this Application on behalf of the entity.
9. Check "Date received" unless you prefer that the Certificate of Withdrawal go into effect at a later date than when the form is received in this office. Any later date must be within 90 days of filing.
10. An Authorized Officer of the entity **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.



## Application for Certificate of Withdrawal

FOREIGN Business Corporation

→ Filing Fee: \$50.00

STAMP

FOR  
SECRETARY OF STATE  
USE ONLY

Pursuant to the provisions of RIGL [7-1.2-1412](#) and [7-1.2-1413](#), the undersigned corporation hereby applies for a Certificate of Withdrawal from the State of Rhode Island, and for that purpose submits the following statement:



1. Entity ID Number:	2. The name of the corporation is:
3. It is incorporated under the laws of:	
4. The corporation is not transacting business in this state and surrenders its authority to transact business in this state.	
5. It revokes the authority of its registered agent in this state to accept service of process, and consents that service of process in any action, suit, or proceeding based upon any cause of action arising in this state during the time the corporation was authorized to transact business in this state may subsequently be made on the corporation by service thereof on the Department of State of the State of Rhode Island.	
6. The post office address to which the Department of State may mail a copy of any service of process against the corporation that is served on the Department of State:	
7. The corporation certifies that it has no outstanding tax obligations. As required by RIGL § 7-1.2-1413, the corporation has paid all fees and taxes. [Note: Tax status can be verified by emailing <a href="mailto:tax.collections@tax.ri.gov">tax.collections@tax.ri.gov</a> .]	
8. If the corporation is in the hands of a receiver or trustee, this Application for Certificate of Withdrawal must be executed on behalf of the corporation by the receiver or trustee.	
9. Date when this certificate of withdrawal will be effective: <b>CHECK ONE BOX ONLY</b>	
Date received (Upon filing)	
Later effective date (Date must be no more than 90 days from the date of filing) _____	
10. Under penalty of perjury, I declare and affirm that I have examined this Application for Certificate of Withdrawal, including any accompanying attachments, and that all statements contained herein are true and correct.	
Type or Print Name of Authorized Officer	Date
Signature of Authorized Officer of the Corporation	

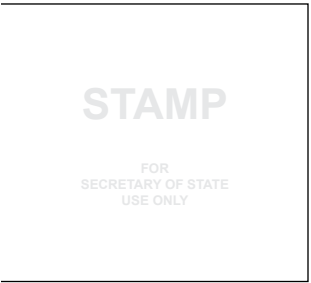
**MAIL TO:**

**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

FOR  
SECRETARY OF STATE  
USE ONLY

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