

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
DEPARTMENT OF ADMINISTRATION - DIVISION OF TAXATION
ONE CAPITOL HILL
PROVIDENCE, RI 02908

REQUEST FOR LETTER OF GOOD STANDING

TAX
DIVISION
USE

TAXPAYER NAME: _____

FEDERAL I.D. #: _____

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A \$25.00 FEE MUST BE SUBMITTED BEFORE REQUEST MAY BE PROCESSED

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THE FOLLOWING INFORMATION MUST BE COMPLETED

TYPE ENTITY: () Corporation () Partnership () Sole Owner () LLC () Other

TAXPAYER NAME: _____ DATE: _____

ADDRESS: _____

FEDERAL I.D.#: _____ FISCAL YEAR END _____

*Please provide SSAN'S for all shareholders for certification request purposes

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PLEASE COMPLETE APPROPRIATE SECTION AND ITEMS

FAILURE TO INCLUDE REQUIRED RETURNS AND PAYMENT WILL DELAY THE PROCESSING

OF A LETTER OF GOOD STANDING

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SECTION I

- () Human Resource Investment Council Certification
- () Enterprise Zone Certification
- () Financing for corporation named above
- () Capital Stock sale or transfer
- () Reinstatement of charter revoked by Secretary of State
- () Merger of corporation with another corporation-corporation named above is the survivor as listed with Rhode Island Secretary of State
- () Sale of less than 50% of Rhode Island assets

REQUIREMENTS - ALL TAX RETURNS ADMINISTERED BY THE TAX DIVISION THAT ARE DUE SHOULD ACCOMPANY THIS REQUEST. ALL TAX, INTEREST AND PENALTY BALANCES MUST BE PAID

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SECTION II

- () Reinstatement of charter forfeited by Rhode Island Division of Taxation

REQUIREMENTS - SAME AS SECTION 1 PLUS - COPY OF BILL PASSED BY THE GENERAL ASSEMBLY

SECTION III

- () Merger of corporation under IRC Section 368 (a)(1)(f) to change state of incorporation only with Rhode Island Secretary of State
- () Merger of corporation into another corporation - corporation named above is non-survivor under IRC Section _____ and is non-survivor with Rhode Island Secretary of State

REQUIREMENTS - SAME AS SECTION 1 PLUS - FINAL RI-1120 THROUGH DATE OF MERGER SHOULD INCLUDE COPY OF FEDERAL 1120 AND ARTICLES OF MERGER; ANY LIABILITY REFLECTED ON THIS FINAL RETURN MUST BE PAID

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SECTION IV

- () Sale or transfer of the major part in value of R.I. assets of the above named corporation
- () Liquidation (Per IRC Section _____ (please note that dissolution request is in Section V)

REQUIREMENTS - SAME AS SECTION 1 PLUS - SHORT PERIOD RI-1120 (FROM BEGINNING OF TAX YEAR TO DATE OF SALE) REFLECTING THE SALE, RETURN MUST INCLUDE COPY OF FEDERAL 1120, WITH FORM 4797 AND SCHEDULE D PLUS PAYMENT OF ANY TAX DUE ON THE RETURN AND STATEMENT AS TO SALES PRICE, TO WHOM BEING SOLD AND DESCRIPTION OF ASSETS BEING SOLD.

Mail all requests with the required information and amount due with checks or money orders made payable to R.I. Division of Taxation

MAIL TO :

Chief Revenue Agent - Corporations
 Rhode Island Division of Taxation
 One Capitol Hill
 Providence, R.I. 02908

NOTE FOR NON-PROFIT CORPORATIONS:

Please submit an affidavit (LGS-2) with any request for Letter of Good Standing pertaining to a non-profit corporation which has had no filing requirement for Rhode Island Business Corporation Tax because it has had no federal taxable income.

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SECTION V

- () Filing for Articles of Dissolution with R.I. Secretary of State

REQUIREMENTS - SAME AS SECTION I - PLUS FILING OF FINAL RI-1120 WITH COPY OF FINAL FEDERAL 1120 WITH PAYMENT, THROUGH DATE OF DISSOLUTION WHICH SHOULD INCLUDE COPY OF FEDERAL FORM 966 AND MINUTES OF MEETING TO DISSOLVE

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SECTION VI

- () Withdrawal due to merger in State of Incorporation
- () Withdrawal of corporation's right to do business in Rhode Island through office of Rhode Island Secretary of State.

REQUIREMENTS: SAME AS SECTION 1 - PLUS FILING OF FINAL RI-1120 THROUGH DATE OF WITHDRAWAL WITH PAYMENT; SHOULD INCLUDE COPY OF FEDERAL 1120

A LETTER OF GOOD STANDING MAY ONLY BE REQUESTED BY AN AUTHORIZED REPRESENTATIVE OF THE CORPORATION LISTED AS THE APPLICANT ON THE FRONT OF THIS REQUEST. THE LETTER WILL NOT BE ISSUED IF THE FOLLOWING LINE IS NOT COMPLETED. **PLEASE TYPE OR PRINT.**

NAME OF AUTHORIZED REPRESENTATIVE

TITLE

SIGNATURE OF AUTHORIZED REPRESENTATIVE

PERSON TO CONTACT FOR ADDITIONAL INFORMATION:

NAME

TELEPHONE NUMBER

ADDRESS

MAIL LETTER OF GOOD STANDING TO OR **CALL** FOR PICKUP: Please circle one

NAME

TELEPHONE NUMBER

ADDRESS