

State of Rhode Island Division of Taxation
Form RI-COI
 Change of Name or Address Form



13200399990101

Name on record			Federal employer identification number/social security number		
Address on record			Effective date of change		
			MM/DD/YYYY		
Address 2					
City, town or post office		State	ZIP code	E-mail address	

Record to be changed: (check all that apply)

- Corporate Tax
- Employer Tax
- Personal Income Tax
- Sales Tax
- Withholding Tax
- Other

Mail completed form to:
 RI Division of Taxation
 One Capitol Hill
 Providence, RI 02908

OR

Fax to the Registration Section at:
(401) 574-8915

Enter Changed Information ONLY:

Name: _____

dba Name: _____

Address: _____

City: _____

State: _____

ZIP code: _____

Telephone number: _____

Contact name: _____

Under penalties of perjury, I declare that I have examined this form, and to the best of my knowledge and belief, it is true, accurate and complete.
 Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Authorized officer signature	Print name	Date	Telephone number
Paid preparer signature	Print name	Date	Telephone number
Paid preparer address	City, town or post office	State	ZIP Code
			PTIN

May the Division of Taxation contact your preparer? YES