



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

DIVISION OF TAXATION
REGISTRATION SECTION
ONE CAPITOL HILL - SUITE 2
PROVIDENCE, RI 02908-5800

CHANGE OF NAME OR ADDRESS FORM

Record to be changed:

<input type="checkbox"/>	Sales Tax	ID# _____
<input type="checkbox"/>	Withholding	FEI# _____
<input type="checkbox"/>	Other _____ Tax Type	ID# _____

Enter Changed Information ONLY:

Name
Address
City, State and Zip Code
Telephone Number

Person completing this form: _____
 Contact phone number: _____
 Date: _____

MAIL FORM TO THE ABOVE ADDRESS OR FAX IT TO (401) 574-8913