



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
 DEPARTMENT OF REVENUE  
 DIVISION OF TAXATION  
 One Capitol Hill, Providence, RI 02908

**MONTHLY REPORT OF SHOW PROMOTER**  
 LOCATED WITHIN THE STATE OF RHODE ISLAND

For the month of .....20.....

Name of Promoter.....Permit No. P-.....

Address of Promoter.....

(DUE ON OR BEFORE THE TWENTIETH (20<sup>TH</sup>) DAY OF THE MONTH FOLLOWING THE MONTH COVERED)

Attach separate Schedule A for each show location

**SCHEDULE A**

Address of Show \_\_\_\_\_ Dates of Show \_\_\_\_\_

List below the names, addresses and sales tax permit numbers of every person you permitted to display or sell tangible personal property, services or food and/or beverages at the above location. Attach additional sheets if necessary.

NAME	ADDRESS	SALES TAX PERMIT NO.
SIGNATURE	TITLE	DATE