

State of Rhode Island and Providence Plantations  
**Form RI-COI**  
 Change of Name or Address Form

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

**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

Revised 10/2013