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