



## Instructions for Filing

### Statement of Cancellation of Redeemable Shares for a Domestic Business Corporation

[Section 7-1.2-601\(e\)](#) of the General Laws of Rhode Island, 1956, as amended

The attached form is designed to meet minimal statutory filing requirements pursuant to the relevant statutory provision. This form and the information provided are not substitutes for the advice and services of an attorney and/or tax specialist.

All filings are public records under RIGL [38-2-1](#), et seq. This means all information is available to the public by a variety of methods including, without limitations, inspections at our office, telephone inquiries and electronically through our online database.

**This legal document should be typed. All illegible documents will be REJECTED.**

#### How to complete the form:

1. List the entity's ID number. The ID number can be found by looking up your entity in the [Corporate Database](#).
2. List the name of the corporation. The entity name can be verified through our [Corporate Database](#).
3. State the number of redeemable shares the entity cancelled through redemption or purchase. Itemize the shares.
4. State the aggregate number of issued shares of the entity after the cancellation takes effect. Itemize the shares.
5. If the Articles of Incorporation provide that the cancelled shares shall not be reissued, state the number of shares the entity has the authority to issue after the cancellation takes effect. Itemize the shares.
6. The entity has paid all fees and taxes.
7. List the date the Statement of Cancellation of Redeemable Shares was duly adopted by the Board of Directors of the entity.
8. Check "Date received" unless you prefer that the Statement go into effect at a later date than when the form is received in this office. Any later date must be within 90 days of filing.
9. An Authorized Officer of the entity **MUST** sign and date the form.

#### How to pay the filing fee:

The filing fee is \$10, payable either by mail via check made payable to RI Department of State or in person via cash, credit card, or check at the Business Services Division, or by mail to the Business Services Division, 148 W. River Street, Ste. 1, Providence, RI 02904. Contact our office at (401) 222-3040 for further information.

#### How to confirm your filing:

Entity records are retrievable and viewable through our website. Successful filings will **NOT** result in a mailed confirmation. Filings that cannot be processed will be posted [online](#) and then returned. To confirm your submission and obtain evidence of your filing:

- Go to our [Corporate Database](#)
- Enter the name or ID number of your entity and click "Search"
- Click on the link to your entity record, scroll down, select "All Filings" and then "View Filing"
- Identify desired type of filing and click on "PDF" under "View PDF" to view and print the record

#### How to maintain your status:

The corporation is responsible for filing an annual report each calendar year, excluding the year of incorporation, between January 1 and March 1. A courtesy reminder will be mailed to the registered agent prior to January 1 of each year. Be sure to follow up with your registered agent concerning the filing of this report. Failure to file an annual report or maintain a registered agent/office will result in the revocation of the Certificate of Incorporation pursuant to RIGL [7-1.2-1310](#).

Every entity registered with the Rhode Island Department of State - Business Services Division will have filing requirements with the [Rhode Island Division of Taxation](#), even if no business is conducted within Rhode Island for a particular year. Your business may require additional licensing. Please visit our [website](#) for further information.



**Statement of Cancellation of Redeemable Shares**  
 DOMESTIC Business Corporation

**STAMP**

FOR  
 SECRETARY OF STATE  
 USE ONLY

→ Filing Fee: \$10.00

Pursuant to the provisions of RIGL [7-1.2-601\(e\)](#), the undersigned corporation submits the following statement of cancellation by redemption or purchase of redeemable shares of the corporation:



1. Entity ID Number:	2. The name of the corporation is:	
3. The number of redeemable shares of the corporation cancelled through redemption or purchase is:		
<i><b>Class</b></i>	<i><b>Series</b></i>	<i><b>Number of Shares</b></i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
4. The aggregate number of issued shares of the corporation after giving effect to such cancellation is:		
<i><b>Class</b></i>	<i><b>Series</b></i>	<i><b>Number of Shares</b></i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**MAIL TO:**  
**Division of Business Services**  
 148 W. River Street, Providence, Rhode Island 02904-2615  
**Phone:** (401) 222-3040  
**Website:** [www.sos.ri.gov](http://www.sos.ri.gov)

**STAMP**

FOR  
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5. If the Articles of Incorporation provide that the cancelled shares shall not be reissued, the number of shares the corporation has authority to issue after giving effect to such cancellation is:

<b>Class</b>	<b>Series</b>	<b>Number of Shares</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. As required by RIGL [7-1.2-105](#), the entity has paid all fees and taxes.

7. This Statement of Cancellation of Redeemable Shares was duly adopted by the Board of Directors of the corporation on:

8. Date when the Statement of Cancellation of Redeemable Shares will be effective: **CHECK ONE BOX ONLY**

Date received (Upon filing)

Later effective date (Date must be no more than 90 days from the date of filing) \_\_\_\_\_

*Under penalty of perjury, I declare and affirm that I have examined this Statement of Cancellation of Redeemable Shares, including any accompanying attachments, and that all statements contained herein are true and correct.*

Type or Print Name of Authorized Officer of the Corporation

Date

Signature of Authorized Officer of the Corporation



## Filer Contact Information

In the event our office needs more information in order to complete the filing of this document, we ask for the filer's contact information. **All fields are REQUIRED.**

Name:		Date:
Entity Name:		
Street Address:		
City:	State:	Zip Code:
Email Address:		Phone Number: