



## Instructions for Filing Designation of Agent for Nonresident Owners of Amusements

[Section 7-7](#) 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. State the name of the nonresident owner of amusements.
2. State the address of the nonresident owner to which the RI Department of State can mail service of process filed against the nonresident owner.
3. The nonresident owner named in Section 1 agrees that any process served against them which is served on the RI Department of State shall be of the same legal force and validity as if it had been served on them as such owner, and that such appointment shall continue in force as long as any liability remains outstanding against the owner in this state.
4. The owner must print their name and **MUST** sign before a Notary Public.

### How to pay the filing fee:

There is no filing fee for filing a designation of agent for nonresident owners of amusements. You can submit your completed form 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:

Nonresident owner 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 the nonresident owner and click "Search"
- Click on the link to the nonresident owner 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



### Designation of Agent for Nonresident Owner of Amusements

→ No Filing Fee

STAMP

FOR SECRETARY OF STATE USE ONLY

Pursuant to RIGL [23-34.1-14](#), as amended, the undersigned owner of amusements, who is not a resident of the State of Rhode Island, submits the following statement for the purpose of appointing the RI Department of State and his or her successors in office to be his or her attorney, upon whom all process in any action or proceeding against him or her may be served:



1. The name of the nonresident owner is:	
2. The address of the nonresident owner to which the RI Department of State shall mail a copy of any process against the owner that may be served on him or her is:	
3. The owner named in item 1 above agrees that any process against him or her which is served on the RI Department of State shall be of the same legal force and validity as if served on him or her as such owner, and that such appointment shall continue in force as long as any liability remains outstanding against the owner in this state.	
Signatures	
Type or Print Name of Owner	Date
Signature of Owner	
Notary	
State:	County:
On this _____ day of _____, 20____, before me personally appeared _____ _____ (name of applicant) being personally known to me or proved through satisfactory evidence of identification to be the person who signed the preceding or attached document in my presence.	
Type or Print Name of Notary Public	
Signature of Notary Public	
Commission ID #	Commission Expiration Date

**MAIL TO:**

**Division of Business Services**

148 W. River Street, Providence, Rhode Island 02904-2615

**Phone:** (401) 222-3040

**Website:** www.sos.ri.gov

STAMP

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## 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:
Street Address:		
City:	State:	Zip Code:
Email Address:		Phone Number: