

Attorney General Peter F. Neronha

REQUEST TO INSPECT AND/OR COPY RECORDS

(R.I. GEN. LAWS §§ 18-9-7 and 38-2-1, et. seq.)

This form must be completed, signed, and returned to:

The Office of the Attorney General Administrator of Charitable Trusts 150 South Main Street Providence, RI 02903

1.	Name of Trust: (if known)	
	a. Federal Identification #: (if known)	
	b. Attorney General #: (if known)	
2.	Name(s) of Trustee(s): (if known)	
3.	Name(s) of Beneficiary/Beneficiaries: (if known)	
4.	Name of person making request (optional):	
5.	Address of person making request (optional):	
	Street & No.	City/Town
	State	Country
6.	Telephone number of the person making request (opti	ional):

7.	Reason(s) for requ	nest (optional):			
8.	3. Request is made to inspect:				
	Title and/or description	Title and/or description of document(s)			
9.	9. Request is made to obtain copies:				
	Title and/or description	on of document(s)			
		by 14", plus an hourly owith no costs charged fo		(\$15) dollars per hour for inutes.	
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DATE Date of Person	of inspection:	SIGNATURE O (DO NOT WRITE BI (FOR OFFICE	or the first (60) mi	king REQUEST (option	