



Attorney General
Peter F. Neronha

**REQUEST FOR WAIVER OF PENALTY FEES PURSUANT TO
R.I. GEN. LAWS [§ 7-1-23](#)**

Please type or print neatly:

Name of Nonprofit: _____

Individual Requesting Waiver: _____

Title: _____

Address: _____

Phone Number: _____

Year(s) Penalty Fees Assessed: _____

Total Amount of Penalty Fees Assessed: _____

(\$25.00 per year- R.I. Gen. Laws [§ 7-6-94](#))

Please provide a brief explanation of why the corporate charter was revoked and, what measures, if any, the NONPROFIT has taken to ensure that revocation will not occur in the future:

Mail this completed form to:

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

The Office of the Attorney General will provide a written response to the individual making the request. A copy of the response will be forwarded to the Secretary of the State.