



Attorney General
Peter F. Neronha

CHARITABLE TRUST REGISTRATION STATEMENT

(R.I.G.L. § 18-9-6)

****Notice: All sections must be completely filled in before attaching any additional documents****

****For questions about this filing, please contact the Charitable Trust Unit at (401) 274-4400 ext. 2111 or charitabletrust@riag.ri.gov.**

1. Name of Charitable Trust: _____

2. This Charitable Trust is being registered pursuant to: [select one]

The Will of _____ of _____
Name Last Known Residence

The Indenture of _____ of _____
Name City or Town, State

Other Trust Instrument (*e.g. articles of incorporation, by-laws, etc.*):

Name of Instrument

3. Federal Identification Number: _____
EIN/Federal ID No.

4. Trustee(s) (*use additional sheets if necessary*):

1. _____
Name of Trustee

Street

City State Zip

Telephone Number E-mail Address

2. _____
Name of Trustee

Street

City State Zip

Telephone Number E-mail Address

5. Person submitting the Registration, if different from Trustee(s):

Name

Street

City *State* *Zip*

Telephone Number *E-mail Address*

6. Present Beneficiary(ies) *(use additional sheets if necessary)*:

Name of Beneficiary(es)

Street

City *State* *Zip*

Telephone Number *E-mail Address*

7. Future Beneficiary(ies) *(use additional sheets if necessary)*:

Name of Beneficiary(ies)

Street

City *State* *Zip*

Telephone Number *E-mail Address*

8. Trust Purpose *(use additional sheets if necessary)*: _____

9. The most recent Fair Market Value for this Trust is: \$ _____ as of
_____.

Date

A single copy of the Will, Indenture, and/or other Trust Instrument establishing this trust and a registrations fee of \$50.00 must be accompanied with this statement. Any amendments to the Trust documentation must be filed with this office within thirty (30) days of the amendment. Please make all checks payable to the "General Treasurer of Rhode Island."

Signature: _____ Witness: _____