



Town of Richmond, Rhode Island

OFFICE OF THE TOWN CLERK
5 Richmond Townhouse Road
Wyoming, RI 02898
(401) 539- 9000 ext. 9

DBA REGISTRATION OF ASSUMED BUSINESS NAME

If you are conducting a business in Richmond under an assumed business name, or under any designation, name or style, corporate or otherwise, other than the real name or names of the individual or individuals conducting or transacting business, Title 6, Chapter 1 of the R.I. Gen. Laws requires that the person or persons shall file, in person, by mail, or electronically with the office of the Town or City Clerk in the town or city in which the person or persons conduct or transact, or intend to conduct or transact, business, a certificate stating the name under which the business is, or is to be, conducted or transacted, and the true or real full name or names, both the first name and surname, of the person or persons conducting or transacting the business, with the post office address or addresses of the person or persons, and the e-mail address of the person or persons.

BUSINESS

BUSINESS NAME		
Nature of Business		
Type of business association (circle one): d/b/a ("doing business as") sole proprietorship partnership LLC joint venture		
BUSINESS ADDRESS		
BUSINESS TELEPHONE	ASSESSOR'S PLAT	LOT
E-MAIL		
STATE TAX OR FEDERAL ID NUMBER		

PERSON(S) CONDUCTING BUSINESS (use reverse side of form for additional names)

FULL NAME	TITLE
ADDRESS	TELEPHONE
CITY, STATE, ZIP CODE	
NAME	TITLE
ADDRESS	TELEPHONE
CITY, STATE, ZIP CODE	

 SIGNATURE

Sworn and subscribed to before me at Richmond, County of Washington, Rhode Island, this
 _____ day of _____, 20____.

 Notary Public
 Print Name: _____
 My Commission Expires: _____

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 FOR OFFICE USE ONLY

FEE PER RIGL 6-1-2 \$10.00 PAID:
CASH/CHECK
LICENSE(S) REQUIRED: Y N