



**STATE OF RHODE ISLAND  
DEPARTMENT OF ADMINISTRATION  
STATE PROPERTIES COMMITTEE  
ONE CAPITOL HILL  
PROVIDENCE, R.I. 02908-5850  
(401) 222-1280**

CERTIFICATE OF DISCLOSURE OF CORPORATION

I, \_\_\_\_\_, Secretary of \_\_\_\_\_, under  
 \_\_\_\_\_  
 (state full name of corporation)  
 doath make affidavit and say that the following, the officers and directors of said  
 \_\_\_\_\_ corporation, having been duly elected and/or appointed to:  
 (identify as business, non-business, professional)

President: \_\_\_\_\_  
 Vice President \_\_\_\_\_  
 Treasurer \_\_\_\_\_  
 Secretary \_\_\_\_\_

State of Incorporation \_\_\_\_\_  
 Principal Place of Business \_\_\_\_\_  
 :

DIRECTORS

Name	Address
_____	_____
_____	_____
_____	_____
_____	_____

STOCKHOLDERS

Name	Address
_____	_____
_____	_____
_____	_____
_____	_____

Property under lease to/from the State of Rhode Island covered by this certificate:  
 Location: \_\_\_\_\_

State Offices Occupying Property (if any): \_\_\_\_\_

In witness whereof I have hereunto set my hand and the seal of the said \_\_\_\_\_,  
 (hereunto duly authorized) this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_.

By, \_\_\_\_\_, its Secretary.

STATE OF RHODE ISLAND

County of \_\_\_\_\_

Subscribed and sworn to before me at \_\_\_\_\_ this \_\_\_\_\_ day of 20\_\_.

\_\_\_\_\_  
 Notary Public