

State of Rhode Island Division of Taxation Form EXO-REN

Sales & Use Exemption for an Exempt Organization

Name of organization	Federal	Federal employer identification number			
Date organized	State an	State and date of incorporation			
Address	City, town or post office		State	ZIP Code	
Mailing address (if different from above)	City, town or post office		State	ZIP Code	
RENEWAL FO	R CERTIFICATE OF EXEMI	PTION FOR AN			
EXEMPT ORGANIZATIO	N FROM THE RHODE ISLA	ND SALES AND	USE 1	TAX	
sales and use tax under § 44-	§ 44-18-30.1, a certificate of exem -18-30(5)(i) shall be valid for four (4	4) years from the da	ite of issi	ue.	
	mption must be renewed prior to th	•			
A \$25.00 NONREFUNDABLE FEE PAYAB	LE TO THE RI DIVISION OF TAXAT	FION MUST ACCOM	IPANY T	HIS RENEWAL	
All organizations must include a conv	of the IRS letter indicating their	assigned federal i		ation number.	
•	•				
Any out-of-state organization must	include a copy of the exemption	certificate issued	by its h	ome state.	
•			by its h	ome state.	
Any out-of-state organization must contact name (if different from applicant): _			by its h	ome state.	
Any out-of-state organization must ontact name (if different from applicant): _ ontact telephone number:			by its h	ome state.	
Any out-of-state organization must ontact name (if different from applicant): ontact telephone number:			by its h	ome state.	
Any out-of-state organization must contact name (if different from applicant): _		-	by its h	ome state.	
Any out-of-state organization must ontact name (if different from applicant): _ ontact telephone number: ontact email address:		-		ome state.	
Any out-of-state organization must ontact name (if different from applicant): _ ontact telephone number: ontact email address: heck the type of organization claiming exe	empt status (Should be the same a	- - s your Application):		Orphanage	
Any out-of-state organization must ontact name (if different from applicant): ontact telephone number: ontact email address: heck the type of organization claiming exe Hospital not operated for a profit	empt status (Should be the same a	- s your Application): Church Interest-fre State chapte	e loan as	Orphanage ssociations plowing national	
Any out-of-state organization must ontact name (if different from applicant): _ ontact telephone number: ontact email address: heck the type of organization claiming exe Hospital not operated for a profit Nonprofit organized sporting leagues Other institution or organization operated exclusively for religious	empt status (Should be the same a Educational institution Parent-teacher associations Organized nonprofit Golden Age and Senior Citizens Clubs t: es to be eligible for the Certificate of E	- s your Application): Church Interest-fre State chapte vocational st FBLA/PBL; F	e loan as er of the fo tudent org FA; FHA/I	Orphanage ssociations ollowing national janizations: DEC HERD; VICA	

If any information has changed since submitting the original application, or if any information changes after submitting this renewal Form, the organization **MUST** contact the RI Division of Taxation, Audit & Investigation Unit by either calling (401) 574-8962 or emailing <u>Tax.Audit@tax.ri.gov</u>

Under penalties of perjury, I declare I have exam	ined this Form and statements made herein, and to	the best of my knowledge a	nd belief, it is true, accurate and complete.		
I also certify this organization is neither a lodge, social, fraternal, trade or professional organization, nor any other type of nonprofit organization not listed above.					
Authorized officer signature	Print name	Date	Telephone number		

Upon request, the Organization must provide additional documentation to the RI Division of Taxation.

Mail your completed renewal and payment to: RI Division of Taxation - Audit & Investigation Unit - One Capitol Hill - Providence, RI 02908

