



Name of organization		Federal employer identification number	
Address	City, town or post office	State	ZIP Code
Mailing address (if different from above)	City, town or post office	State	ZIP Code

APPLICATION/RENEWAL FOR CERTIFICATE OF EXEMPTION FOR AN EXEMPT ORGANIZATION FROM THE RHODE ISLAND SALES AND USE TAX

Pursuant to R.I. Gen. Laws § 44-18-30.1, a certificate of exemption from the Rhode Island sales and use tax under § 44-18-30(5)(i) shall be valid for four (4) years from the date of issue. Accordingly, the certificate of exemption must be renewed prior to the expiration date of the certificate.

Contact name (if different from applicant): _____

Contact telephone number: _____

Contact email address: _____

PART 1 Check the type of organization claiming exempt status:

- | | | | |
|--|---|--|------------------------------------|
| <input type="checkbox"/> Hospital not operated for a profit | <input type="checkbox"/> Educational institution | <input type="checkbox"/> Church | <input type="checkbox"/> Orphanage |
| <input type="checkbox"/> Nonprofit organized sporting leagues | <input type="checkbox"/> Parent-teacher associations | <input type="checkbox"/> Interest-free loan associations | |
| <input type="checkbox"/> Other institution or organization operated exclusively for religious or charitable purposes | <input type="checkbox"/> Organized nonprofit Golden Age and Senior Citizens Clubs | <input type="checkbox"/> State chapter of the following national vocational student organizations: DECA; FBLA/PBL; FFA; FHA/HERD; VICA | |

PART 2

- If the organization is a branch or chapter, has the parent organization received an exemption from federal income tax?
 Yes No If yes, attach a current letter from the parent organization certifying that the sub unit is a member.
- Check the appropriate box to indicate the type of organization:
 Corporation Other

PART 3 The following documents are required and must be submitted along with this form:

- \$25.00 non-refundable fee payable to the Rhode Island Division of Taxation;
- Determination letter from the IRS, indicating federal identification number and confirming tax-exempt status;
- Copy of articles of incorporation and bylaws; and
- Additional documentation as requested.

Please note, the organization is responsible to file all state tax returns administered by the Division of Taxation as required by law. All tax, interest, and penalty balances due in relation to this obligation must be paid. Failure to comply may result in accruing interest and collection activity in accordance with Rhode Island law.

Under penalties of perjury, I declare I have examined this Form and statements made herein, and to the best of my knowledge and 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

Mail your completed application and payment to:
 RI Division of Taxation - Audit & Investigation Unit - One Capitol Hill - Providence, RI 02908
 If you have any questions, contact us by calling (401) 574-8962 or emailing Tax.Audit@tax.ri.gov