

State of Rhode Island Division of Taxation  
**RI-1120C - CGM Schedule**  
 Combined Group Member Listing

Name	Federal employer identification number

**This schedule is to be filed with Form RI-1120C.**

If this filing is based on a Federal Consolidated return, check the "Federal consolidated election" checkbox to the right.

**List the name, federal employer identification number and address for each Combined Group Member.**

	Combined Group Member (CGM)	CGM FEIN	CGM Address <small>Top row: street address            Bottom row: city, state, ZIP</small>
1			
	If this Combined Group Member has nexus, check this box: <input type="checkbox"/>		
2			
	If this Combined Group Member has nexus, check this box: <input type="checkbox"/>		
3			
	If this Combined Group Member has nexus, check this box: <input type="checkbox"/>		
4			
	If this Combined Group Member has nexus, check this box: <input type="checkbox"/>		
5			
	If this Combined Group Member has nexus, check this box: <input type="checkbox"/>		
6			
	If this Combined Group Member has nexus, check this box: <input type="checkbox"/>		
7			
	If this Combined Group Member has nexus, check this box: <input type="checkbox"/>		
8			
	If this Combined Group Member has nexus, check this box: <input type="checkbox"/>		
9			
	If this Combined Group Member has nexus, check this box: <input type="checkbox"/>		
10			
	If this Combined Group Member has nexus, check this box: <input type="checkbox"/>		

**Combined schedules must be attached to the return.**