

**APPLICATION FOR ELECTION AS A QUALIFYING CORPORATION
PURSUANT TO R.I.G.L. 44-3-46/44-39.3-3**

(Must be signed by a duly authorized officer of the corporation)

1. Name of Corporation _____

Address _____

FEI # _____

Calendar Year _____

or

Fiscal Year Beginning _____ and Ending _____

2. Number of full time equivalent active employees in Rhode Island _____
(Employee must work a minimum of thirty (30) hours per week in Rhode Island or two (2) or more part-time employees must work a combined weekly hourly total of thirty (30) or more hours per week in Rhode Island).

3. Principal business activity:

SIC # _____

Description of principal business activity:

Applicant must attach the names, addresses and social security numbers of all current and former employees who are holders of such options or who are eligible to participate in such plan.

(Employee must be a Rhode Island resident who has been employed as a full-time employee at the Rhode Island location for at least three (3) consecutive months)

This election, if approved, shall be effective as of the first day of the fiscal year for which the election is filed and shall be effective for that year only. The application must be filed on or before the due date prescribed by law for the filing of the corporation's tax return for such fiscal year.

I hereby declare under penalties of perjury that the information contained in this application, to the best of my knowledge and belief, is true, correct and complete.

DATE: _____

Name of Corporation

By: _____