

**REQUEST FOR WAIVER OF PENALTY FEES**  
**PURSUANT TO R.I. GEN. LAWS § 7-1-23**

Please type or print neatly:

NAME OF NONPROFIT: \_\_\_\_\_

INDIVIDUAL REQUESTING WAIVER: \_\_\_\_\_

TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

DAYTIME PHONE NUMBER: \_\_\_\_\_

YEAR(S) PENALTY FEES ASSESSED: \_\_\_\_\_

TOTAL AMOUNT OF PENALTY FEES ASSESSED: \_\_\_\_\_

(\$25.00 per year - R.I. Gen. Laws § 7-6-94)

Please provide a brief explanation of why the corporate charter was revoked and, what measures, if any, the NONPROFIT has taken to ensure that revocation will not occur in the future:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Mail this completed form to: Department of Attorney General,  
Administrator of Charitable Trusts, 150 South Main Street, Providence,  
Rhode Island 02903.

The Department of Attorney General will provide a written response to the individual making the request. A copy of the response will be forwarded to the Office of Secretary of State.