



Attorney General  
Peter F. Neronha

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## REQUEST TO INSPECT AND/OR COPY RECORDS

(R.I. GEN. LAWS §§ [18-9-7](#) and [38-2-1, et. seq.](#))

***This form must be completed, signed, and returned to:***

The Office of the Attorney General  
Administrator of Charitable Trusts  
150 South Main Street  
Providence, RI 02903

1. Name of Trust: *(if known)* \_\_\_\_\_
  - a. Federal Identification #: *(if known)* \_\_\_\_\_
  - b. Attorney General #: *(if known)* \_\_\_\_\_

2. Name(s) of Trustee(s): *(if known)* \_\_\_\_\_

3. Name(s) of Beneficiary/Beneficiaries: *(if known)* \_\_\_\_\_

4. Name of person making request *(optional)*:  
\_\_\_\_\_

5. Address of person making request *(optional)*:

\_\_\_\_\_  
*Street & No.* *City/Town*

\_\_\_\_\_  
*State* *Country*

6. Telephone number of the person making request *(optional)*: \_\_\_\_\_

