



**CLERK'S OFFICE
RHODE ISLAND SUPREME COURT**

Licht Judicial Complex
250 Benefit Street
Providence, Rhode Island 02903
Phone: (401) 222-3272
Fax: (401) 222-3599

2009 - 2010 ANNUAL ATTORNEY REGISTRATION STATEMENT

Name _____ Reg No: _____ DOB: _____
Business Address _____ Status: _____

Please provide missing contact information and note any changes on this statement.
*If your law firm maintains additional offices, on a separate sheet, please list any **new** locations not reported to this office for the previous registration year.*

Business Telephone:
Business Email:
Business Facsimile:
Residence Information:

List any **new** states in which you have been licensed as a lawyer or in which your status has changed since you reported the same to this office for the previous attorney registration year:

Jurisdiction	Year Admitted	Status (Active, Inactive, Suspended, Disbarred, or Other)

List any **new** accounts since you reported the same to this office for the previous attorney registration year (attach additional sheets if necessary):

Account Type	Account No.	Name and Address of Financial Institution
IOLTA		
Business Account(s)		

Status Change Request

Please change my status to: Inactive Active Resigned (*See Art. III, Rule 23*)
Returning to active status after six months requires filing a petition with the Supreme Court. Art. IV, Rule 1(e).

Compliance with the annual attorney registration process requires timely payment of the attorney registration fee **and** submission of a completed registration statement. Art. IV, Rule 1(d). Attorneys who have resigned or been suspended from the Rhode Island Bar, must file completed registration statements for five years thereafter. Art. IV, Rule 1(e)(1).

This payment does not constitute payment of Rhode Island Bar Association dues.

Active Registration Fee - \$200.00 due by July 1
Inactive Registration Fee - \$ 50.00 due by July 1
Late Registration Fee - \$125.00 if payment **and** completed statement are not received by July 1

By signing below, I certify:

- that I have read and am in compliance with Rule 1.15 of the Rules of Professional Conduct dealing with the safeguarding of property belonging to clients and third parties;
- and acknowledge that my failure to timely comply with the annual attorney registration process will result in the assessment of a late fee **and my removal from the Master Roll of Attorneys** licensed to practice law in this state **without further notice**;
- that I am ___ am not ___ currently covered by professional liability insurance; and
- that the information provided on this statement is true and accurate.

Signed: _____ Date: _____ ARS 4/09