

ANNUAL ATTORNEY REGISTRATION STATEMENT
 RHODE ISLAND SUPREME COURT
 250 Benefit Street
 Providence, RI 02903
 401-222-3272 FAX# 401-222-3599

FOR 2006-2007

ATTY. ID#

Make check with ID# included payable to: SUPREME COURT DISCIPLINARY ACCOUNT

NAME AND BUSINESS ADDRESS: ANNUAL ACTIVE ATTORNEY
 REGISTRATION FEE - \$200.00*
 ANNUAL INACTIVE ATTORNEY
 REGISTRATION FEE - \$50.00
(Due July 1, 2006)
 LATE FILING FEE – ADDITIONAL \$125.00 (After
 July 1, 2006)

BUS. PHONE: *IN FULL OR SEMI-ANNUAL PAYMENTS:
 BUS. EMAIL (required): \$100.00 – DUE JULY 1, 2006
 BUS. FAX: \$100.00 – DUE JANUARY 1, 2007

ALL ATTORNEYS PRACTICING LAW IN R.I. WILL RECEIVE CORRESPONDENCE AT THE ADDRESS LISTED ABOVE.

NOTE: If your firm maintains additional offices CHECK HERE [] and list addresses on a separate sheet.

RESIDENCE & TELEPHONE NUMBER:

DATE OF BIRTH:

RES. EMAIL (OPT.):

The following is a list of all jurisdictions other than RI in which I HAVE EVER BEEN LICENSED as a lawyer with the current status thereof:

CURRENT STATUS (Check one)

<u>Adm. Yr</u>	<u>Jurisd.</u>	<u>Active</u>	<u>Inactive</u>	<u>Suspended</u>	<u>Disbarred</u>	<u>Other</u>
_____	State__	_____	_____	_____	_____	_____
_____	State__	_____	_____	_____	_____	_____
_____	State__	_____	_____	_____	_____	_____

PAYMENT OF YOUR ANNUAL ATTORNEY REGISTRATION FEE WITH THE SUPREME COURT DOES NOT CONSTITUTE PAYMENT OF ANY ANNUAL MEMBERSHIP DUES TO THE RHODE ISLAND BAR ASSOCIATION.

ANNUAL ATTORNEY REGISTRATION STATEMENT
RHODE ISLAND SUPREME COURT
250 Benefit Street
Providence, RI 02903
401-222-3273 FAX# 401-222-3599

FOR 2006-2007

ATTY. ID#

As an attorney engaged in the private practice of law in RI, I (or the firm with which I am associated) maintain the following accounts: (NOTE: Associates and Of Counsel Attorneys must list full firm account information.)

CLIENTS' ACCOUNT

BUSINESS ACCOUNT

Account No:
Name of Financial Institution:

Account No:
Name of Financial Institution:

Address:

Address:

City:
State: ZIP:

City:
State: ZIP:

NOTE: DO NOT list more than one account in each space provided. If more accounts are maintained, CHECK HERE [] and attach a list specifically identifying each account as a client or business account.

CERTIFICATION (TO BE COMPLETED BY ALL ATTORNEYS)

I certify that the information I have provided on this statement is true and correct.

DATE: _____ SIGNED: _____

PLEASE NOTE: This is the only statement you will receive from this office. If payment is not received by August 1st, your name will be removed from the Master Roll of Attorneys and you therefore will be unauthorized to practice law. Payments received after the July 1st due date from any attorneys, including those who have been removed from the Master Roll, are subject to the additional late fee charge as noted on page one of this form. If you opt to pay one-half of the attorney registration fee on or before July 1st, the second installment is due on or before January 1st, or your name will be removed from the Master Roll of Attorneys after February 1st.