STATE OF RHODE ISLAND JUDICIARY

DISTRICT COURT

ADDRESS VERIFICATION

Plaintiff	**Civil Action File Number**
Defendant	

The Plaintiff's attorney or the Plaintiff is required to submit this form when filing subsequent pleadings. Please provide the name and most current address information for all the parties on the case. The address information will be entered into the court's case management system.

/s/ _____ Attorney for the Plaintiff or the Plaintiff	Rhode Island Bar Number: Date:
Telephone Number:	