



State of Rhode Island and Providence Plantations  
DEPARTMENT OF BUSINESS REGULATION  
1511 Pontiac Avenue, Bldg. 69-1  
Cranston, Rhode Island 02920

Division of Commercial Licensing  
Real Estate Section

**REAL ESTATE CORPORATION, PARTNERSHIP, AND LLC REQUIREMENTS**

For those seeking to change the status of your individual Broker's license to a Corporate Broker license, new or existing, or have formed a Partnership or Limited Liability Company (LLC), please submit the following:

- A completed Corporate Broker Application.
- A \$10.00 application fee; check or money order made payable to the Rhode Island General Treasurer.
- A copy of the Minutes of the Meeting of Officers, designating the principal broker of the Corporation, Partnership, or Limited Liability Company.
- A copy of the Articles of Incorporation from the Rhode Island Secretary of State's Office. If it is not a Rhode Island Corporation, Partnership, or Limited Liability Company; please submit the Articles of Incorporation or Filing Registration from the state where incorporated, filed, or registered.
- A Certificate of Errors and Omissions Insurance.
- A Criminal History Record from the Rhode Island Department of the Attorney General's Office (See attached instructions). **Non-Residents** must also submit a CHR from their home state law enforcement agency as well.
- A Tax Payer Status Affidavit (See attached).
- A list of all Rhode Island licensed salespersons and brokers of the corporation.
- A Transfer of License Form for each Broker/Salesperson who will be transferred to the new corporation. Be sure to include an Errors and Omissions Insurance Certificate for each licensee, along with a \$25.00 check made payable to the Rhode Island General Treasurer.
- A completed Corporate Power of Attorney Form (Non-residents only).
- A Certificate of Licensure/Letter of Good Standing for **non-residents only**, who currently hold a Rhode Island Broker's license, applying as a Principal Broker of a Corporation, Partnership, or Limited Liability Company, from their state licensing authority, bearing their name as a principal broker, in addition to the name of the Corporation, Partnership, or Limited Liability Company.



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**CRIMINAL HISTORY RECORD SUBMISSION REQUIREMENTS**

**FOR BROKER AND SALESPERSON APPLICANTS**

**A Criminal History Record (“CHR”) must be submitted to the Real Estate Section of the Department of Business Regulation (“DBR”), Division of Commercial Licensing with each Real Estate Application. Processing applications is contingent upon the complete disposition, or results of any charges delineated or resolved prior to application submission. See instructions below to learn how to obtain your CHR.**

**INSTRUCTIONS**

**Applying in Person:** A Criminal History Record may be obtained by visiting the Bureau of Criminal Identification at the Rhode Island Department of Attorney General (“DAG”). To apply for a CHR in this manner, bring a picture-identification, showing your date of birth.

**Applying by Mail:** To apply by mail, send a notarized copy of a photo ID, showing your date of birth, and a signed/notarized letter, giving permission to the DAG to conduct a background investigation, along with a self-addressed stamped envelope.

The cost for a CHR, whether applying in person or by mail, is five dollars (\$5.00), and is payable by check or money order to the “BCI”. Please allow time for the DAG to process and generate your request. For further questions about this process, you may contact the DAG at the phone number below.

**If you reside in another state, supply a CHR from your home state, as well as one from Rhode Island.**

**Contact Information for the Department of Attorney General:**

- 150 South Main Street, Providence, Rhode Island, 02903.
- Telephone Number: (401) 274-4400
- Hours of operation are 8:30 a.m. to 4:30 p.m.



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<i>FOR OFFICE USE ONLY LICENSE NUMBER</i>
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**CORPORATE BROKER APPLICATION**

Please print or type. All incomplete applications will be returned. Please allow 7-10 days for processing.

Indicate type of Entity:       **Corporation**       **Partnership**       **Limited Liability Company (LLC)**

1. Name of Entity:			
2. Business Address:		City / Town	State      Zip Code
3. Telephone Number:		4. Email Address:	
5. Name of Principal Broker:		6. Principal Broker's Rhode Island License #:	
7. Organization Date:		8. State of Organization:	
9. Business for which Entity was formed:			
10. What percentage of business time is intended to be devoted to the Real Estate business? _____ %			
11. List the following for the Principal Broker, each Partner, Officer, or Member etc.:			
<u>Name</u>	<u>Title</u>	<u>Resident/Citizen</u>	<u>RI License #</u>

12. Has applicant or Principal Broker ever been refused a Real Estate Broker or Salesperson license in this state or any other state? **Yes**  **No**

13. Has any licensee listed under item 11 ever had a license suspended or revoked in Rhode Island or any other state? **Yes**  **No**

14. Has applicant or Principal Broker been charged or found guilty of any misconduct or irregularities in the performance of his/her duties, or been charged with misappropriating monies of others or withholding such monies, at any time, by any form, corporation, etc., or is now under indictment in this or any other state? **Yes**  **No**

***IF YOU ANSWERED "YES" TO QUESTIONS 12 - 14,  
ATTACH A FULL EXPLANATION.***

15. R.I.G.L requires recommendations of three (3) United States citizens who have known the applicant for at least three (3) years and are not related to the applicant, and will attest that the applicant bears a good reputation for honesty and trustworthiness, and will recommend that a Corporate Real Estate Broker's license be granted to the applicant.

Name: _____ <div style="text-align: center;"><i>(Print)</i></div>	Address: _____ _____
Name: _____ <div style="text-align: center;"><i>(Print)</i></div>	Address: _____ _____
Name: _____ <div style="text-align: center;"><i>(Print)</i></div>	Address: _____ _____

**STATEMENT OF APPLICANT**

I, the undersigned, swear under penalty of perjury, that the information provided in connection with this application is true to the best of my knowledge, with the understanding that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient reason to deny licensure as a Corporate Real Estate Broker by the Rhode Island Department of Business Regulation.

Signature \_\_\_\_\_ Date \_\_\_\_\_



## Tax Payer Status Affidavit / Identity Verification

All persons applying or renewing any license, registration, permit or other authority (hereinafter called "licensee") to conduct a business or occupation in the state of Rhode Island are required to file all applicable tax returns and pay all taxes owed to the state prior to receiving a license as mandated by state law (RIGL 5-76) except as noted below.

In order to verify that the state is not owed taxes, licensees are required to provide their Social Security Number and Federal Tax Identification Number as appropriate. These numbers will be transmitted to the Division of Taxation to verify tax status prior to the issuance of a license. This declaration must be made prior to the issuance of a license.

### Licensee Declaration

- I hereby declare, under penalty of perjury, that I have filed all required state tax returns and have paid all taxes owed.
- I have entered a written installment agreement to pay delinquent taxes that is satisfactory to the Tax Administrator.
- I am currently pursuing administrative review of taxes owed to the state.
- I am in federal bankruptcy. (Case # \_\_\_\_\_)
- I am in state receivership. (Case # \_\_\_\_\_)
- I have been discharged from Bankruptcy. (Case # \_\_\_\_\_)

\_\_\_\_\_  
Full Name (Please Print or Type)

\_\_\_\_\_  
Social Security Number (or FEIN for Business)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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**CORPORATE POWER OF ATTORNEY**

Let it be known that, \_\_\_\_\_, a corporation  
*(Name of Corporation)*  
created by and duly organized under the laws of the State of \_\_\_\_\_, and  
located in the city of \_\_\_\_\_ in the State of \_\_\_\_\_,  
having applied to be licensed as a non-resident corporate real estate broker in the State of Rhode  
Island, do hereby irrevocably appoint the Director of the Department of Business Regulation, his  
successor or successors, as my lawful attorney, upon whom all lawful process in any action or  
legal proceeding against me may be served in like manner and with the same legal force and  
effect as if I had been lawfully served with said process. As such, I do hereby authorize said  
attorney to receive and accept service of process, pursuant to the provisions of Title 5, Chapter  
20.5-10(d), of the General Laws of Rhode Island, as amended.

Name of Corporation: \_\_\_\_\_ {CORPORATE SEAL}

Signature of Officer: \_\_\_\_\_

Designation of Officer: \_\_\_\_\_ Date: \_\_\_\_\_

Subscribed and sworn to before the undersigned authority in the State of \_\_\_\_\_,  
in the County of \_\_\_\_\_, on this \_\_\_\_\_, day of \_\_\_\_\_,  
20\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_.



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**TRANSFER OF REAL ESTATE BROKER OR SALESPERSON LICENSE**

Please submit the following with this completed form. All incomplete submissions will be returned.

- A Certificate of Errors and Omissions Insurance.
- A check or money order for \$25 made payable to the Rhode Island General Treasurer.

I, \_\_\_\_\_, \_\_\_\_\_, of  
(Name) (License Number)

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,  
(Home Address) (City) (State)

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,  
(Zip Code) (Phone Number) (Email Address)

request the transfer of my license from \_\_\_\_\_ to  
(Current Agency Name)

\_\_\_\_\_.  
(New Agency Name)

\_\_\_\_\_  
(Signature of Salesperson or Broker)

\_\_\_\_\_  
(Date of Transfer)

**STATEMENT OF NEW EMPLOYING BROKER**

I, the undersigned, being a licensed real estate broker of the State of Rhode Island, certify that

\_\_\_\_\_, will be associated with/ employed by this agency.  
(Licensee's Name - Print)

\_\_\_\_\_, \_\_\_\_\_,  
(Agency Name) (Agency Address)

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,  
(City) (State) (Zip Code) (Phone Number)

I, \_\_\_\_\_, \_\_\_\_\_ affirm that the statements  
(Principal Broker - Print) (License Number)

contained herewith are true.

\_\_\_\_\_  
(Signature of Principal Broker)