



CORPORATION AUTHORIZATION FORM



Email: lori@rirealestatelaw.com and brianna@rirealestatelaw.com

Fax: (401) 334-0696

Phone: (401) 334-4770

Please **FULLY** read and complete the applicable sections of this form. Our office will prepare the Corporation's Articles of Incorporation and Bylaws and obtain the Federal Identification Number from the IRS. Once this form is completed, please email or fax it to us using the contact information provided above. If you have any questions please feel free to contact us.

GENERAL CORPORATE INFORMATION

State of incorporation: _____

Corporation name: _____

Alternative corporation name: _____

Business address: _____

Name of registered agent (must reside in the state of incorporation): _____

Primary residential address: _____

Phone number: _____

Email address: _____

Is the corporate existence to begin upon filing? Yes No, what date will the Corporation come into effect? _____

If applicable, how many employees will the corporation have? _____

What is the date the first wages or annuities were/will be paid to the employees? _____

CORPORATE PURPOSE

Purpose of forming the corporation: _____

If the purpose is for real estate, what is the property address of the real estate being purchased or sold? _____

Name of your realtor: _____

Realtor phone number: _____

Realtor email address: _____

Will the corporation be a close corporation? Yes No

CORPORATE TAX INFORMATION

Is the corporation to be taxed according to the fiscal or calendar year? (verify with your accountant)

Fiscal Calendar

Will the corporation be taxed as a C Corporation or S Corporation? (verify with your accountant)

C Corporation S Corporation

SHAREHOLDER INFORMATION

Stockholder name: _____

Primary residential address: _____

Phone number: _____

Email address: _____

Number of shares to be issued: _____ Consideration: _____

Stockholder name: _____

Primary residential address: _____

Phone number: _____

Email address: _____

Number of shares to be issued: _____ Consideration: _____

Stockholder name: _____

Primary residential address: _____

Phone number: _____

Email address: _____

Number of shares to be issued: _____ Consideration: _____

BOARD OF DIRECTOR INFORMATION

If there will be a Board of Directors please fill out the following information below.

Director name: _____

Primary residential address: _____

Phone number: _____

Email address: _____

Director name: _____

Primary residential address: _____

Phone number: _____

Email address: _____

Director name: _____

Primary residential address: _____

Phone number: _____

Email address: _____

CORPORATE OFFICER INFORMATION

Officer name: _____ Title: _____

Primary residential address: _____

Phone number: _____

Email address: _____

Social security number: _____

Officer name: _____ Title: _____

Primary residential address: _____

Phone number: _____

Email address: _____

Social security number: _____

Officer name: _____ Title: _____

Primary residential address: _____

Phone number: _____

Email address: _____

Social security number: _____

Officer name: _____ Title: _____

Primary residential address: _____

Phone number: _____

Email address: _____

Social security number: _____