

**APPOINTMENT OF AGENT**RIGL 33-18-9**STATE OF RHODE ISLAND**

County of \_\_\_\_\_

Estate of \_\_\_\_\_

Alias \_\_\_\_\_

**PROBATE COURT OF THE**

City or Town of \_\_\_\_\_

No. \_\_\_\_\_

***I the undersigned, respectfully represents that:*****Fiduciary  
Name** \_\_\_\_\_Street  
Address \_\_\_\_\_

City/Town \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Email \_\_\_\_\_

Phone  
Number \_\_\_\_\_as ☐ Executor ☐ Administrator ☐ Guardian ☐ Other: \_\_\_\_\_***hereby duly appoints and designates:*****Resident  
Agent  
Name** \_\_\_\_\_Street  
Address \_\_\_\_\_

City/Town \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Email \_\_\_\_\_

Phone  
Number \_\_\_\_\_

in said State of Rhode Island as my agent, and I do hereby stipulate and agree that the service of any legal process against me as such fiduciary if made or acknowledged by said agent, shall be of the same legal effect as if made upon me personally with said State of Rhode Island.

Signature of Fiduciary \_\_\_\_\_

Date \_\_\_\_\_

FIDUCIARY SIGN HERE

**I hereby accept the above appointment:**

Signature of Resident Agent \_\_\_\_\_

Date \_\_\_\_\_

RESIDENT AGENT SIGN HERE