



RHODE ISLAND STATE POLICE



Charitable Gaming Unit

311 Danielson Pike, North Scituate, RI 02857-1907

Telephone: (401) 764-5568 · Fax: (401) 444-1097 · Website: risp.ri.gov/cgu

GAMES OF CHANCE (RAFFLE) FINANCIAL REPORT

This financial report must be filed no later than sixty (60) days after your event (faxed copies are not accepted). Failure to comply will preclude future authorizations and is a violation of RIGL §11-19-37.2, 1956 as amended.

Mail completed financial report to: RISP Charitable Gaming Unit, 311 Danielson Pike, North Scituate, RI 02857

Name of Organization: _____ File #: _____

Address of Organization: _____

Address Where Function Was Held: _____

Date(s) of Event: _____ Type of Event: _____

Were all workers members of the sponsoring organization? Yes No

Did all workers render their services without compensation? Yes No

If no, please explain _____

List distribution/use(s) of proceeds received from event. Be specific. Must be for charitable purpose(s).

"Charitable Purpose means any benevolent, educational, humane, patriotic, social service, civic, fraternal, police, labor, religious or eleemosynary purpose, provided that no part of the net earnings inures to the benefit of any private shareholder or individual." Proceeds cannot be used for salaries, legal fees, taxes, utility bills, insurance, etc.

List the names of winner(s)/recipient(s) of prizes: (Attach additional page if necessary.)

FINANCIAL INFORMATION

Total amount raised from raffle: \$ _____

Minus total expenses paid from raffle proceeds: \$ _____

Net amount raised from raffle: \$ _____

List expenses (e.g. prizes, rental of equipment, printing) and provide copies of canceled checks showing which charity/charities proceeds were sent. (Attach additional page if necessary.)

I, _____, authorized to do business for the above-named organization, do hereby affirm that the above information is a true account of the Game of Chance authorized by the Rhode Island State Police in compliance with §11-19-30.1 of the Rhode Island General Laws, 1956 as amended.

Signature _____

Title _____ Tel # _____