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 thirty (30) 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 #*_____