

# 2024 Annual Return for Cranston, RI

**STATE LAW REQUIRES ANNUAL FILING OF THIS DECLARATION. FAILURE TO DO SO MAY RESULT IN AN INCREASED ASSESSMENT. THIS FORM IS NOT SUBJECT TO PUBLIC INSPECTION.**

**Mail Completed Form to: Tax Assessor, 869 Park Ave, Cranston, RI 02910**

**Statement of valuation as of December 31, 2023**

This Name and Mailing Address will be used for the Tax Bill. Please indicate changes if incorrect.

Assessor Use Only

Pursuant to RI General Laws, Chapter 44-5-15 as amended, taxable property located in Rhode Island must be declared to the Tax Assessor between **JANUARY 1, 2024** and **JANUARY 31, 2024**. If the declaration cannot be made within the prescribed time, written notice must be submitted prior to **JANUARY 31, 2024** of intention to submit declaration by **MARCH 15, 2024**. **Failure to file a true and complete account of assets within the prescribed time eliminates the right to appeal.** No amended returns will be accepted after **MARCH 15, 2024**.

Thank You for your cooperation. If we may be of assistance in preparing the return, please contact the Tax Assessor's Office at (401) 780-3181

**THIS FORM IS NOT SUBJECT TO PUBLIC INSPECTION.**

**BUSINESS INFO**    FEDERAL EIN #: \_\_\_\_\_    NAICS #: \_\_\_\_\_

**BUSINESS NAME / DBA:** \_\_\_\_\_

**BUSINESS LOCATION:** \_\_\_\_\_

**BUSINESS OWNER NAME:** \_\_\_\_\_

**MAILING ADDRESS (IF DIFFERENT FROM LABEL):** \_\_\_\_\_

**OWNERSHIP (CIRCLE ONE):**      SOLE PROPRIETOR      PARTNERSHIP      CORPORATION      LLC

**IS THE ORGANIZATION REGISTERED WITH THE STATE OF RHODE ISLAND?** \_\_\_\_\_

**BUSINESS TYPE (CIRCLE ONE):**

MFG / INDUST      RETAIL      OFFICE      FOOD SERVICE      MEDICAL      SERVICE      OTHER

**GENERAL DESCRIPTION OF BUSINESS:** \_\_\_\_\_

\_\_\_\_\_

**Number of Employees (as of December 31, 2023):** \_\_\_\_\_      **Square Feet Occupied:** \_\_\_\_\_

**Is the occupied space leased or owned:** \_\_\_\_\_      **Monthly Rent:** \_\_\_\_\_

**Seating Capacity (if applicable):** \_\_\_\_\_

**SECTION 1 REAL ESTATE OWNED**

If You Need Additional Space Attach Addendum

LOCATION & DESCRIPTION	Assessor's		Claimed Full Value	
	Plat (s)	Lot (s)	Land	Improvements

**SECTION 2 SHORT LIFE - COMPUTER EQUIPMENT ONLY**

Please list all short life (PC computer equipment) separately in this section. **Manufacturers** include all equipment **NOT** used directly in the actual manufacturing process. Attach a separate sheet if necessary. *LIST ALL LEASED / RENTED EQUIPMENT IN SECTION 8.*

Calendar Year Purchased	Acquired New or Used?	Acquisition Cost	Depreciation Rate	Claimed Full Value	Assessor's Use Only
2023			5%		
2022			20%		
2021			40%		
2020			70%		
2019 & Prior			80%		
<b>TOTALS</b>					

**SECTION 3 TANGIBLE PERSONAL PROPERTY**

List by year the total acquisition cost for all furniture, fixtures, equipment, signs and **unregistered vehicles** owned by you that are used in conducting the operations of any retail, wholesale, service, contracting, professional or other type of business that have an economic life between 6 and 12 years.

*Manufacturers should only report furniture, fixtures and equipment that are NOT used directly in the actual manufacturing process.*

**IMPORTANT** ~ Be sure to declare all acquisitions still in use, even though fully depreciated on your books. *List all leased / rented equipment in Section 8. Be sure to list all computer equipment separately in Section 2.*

Calendar Year Purchased	Acquisition New or Used	Acquisition Cost	Depreciation Rate	Claimed Full Value	Assessor's Use Only
2023			5%		
2022			10%		
2021			20%		
2020			30%		
2019			40%		
2018			50%		
2017			60%		
2016 & prior			70%		
<b>TOTALS</b>					

**SECTION 4 LONG LIFE ASSETS**

List by year the total acquisition cost for assets that have an economic life of 13 years or more. **Manufacturers** should only report assets that are **NOT** used directly in the actual manufacturing process. **IMPORTANT** ~ Be sure to declare all acquisitions still in use, even though fully depreciated on your books. *LIST ALL LEASED / RENTED EQUIPMENT IN SECTION 8. DO NOT duplicate assets reported in Sections 2 and 3.*

Calendar Year Purchased	Acquisition New or Used	Acquisition Cost	Depreciation Rate	Claimed Full Value	Assessor's Use Only
2023			5%		
2022			10%		
2021			15%		
2020			20%		
2019			25%		
2018			30%		
2017			35%		
2016			40%		
2015			45%		
2014			50%		
2013			55%		
2012			60%		
2011			65%		
2010 & Prior			70%		
<b>TOTALS</b>					

**SECTION 5 BUILDINGS & IMPROVEMENTS ON LEASED LAND**

Property Address: \_\_\_\_\_ PLAT \_\_\_\_\_ LOT \_\_\_\_\_

Property Used For: \_\_\_\_\_ CLAIMED FULL VALUE: \_\_\_\_\_

Name of Landowner: \_\_\_\_\_ \$ \_\_\_\_\_

Is Lease Recorded? YES \_\_\_\_\_ NO \_\_\_\_\_ Dates of Lease From: \_\_\_\_\_ to \_\_\_\_\_

**SECTION 6 INVENTORY / STOCK IN TRADE / SUPPLIES**

This Section to be used by ALL BUSINESSES, INCLUDING MANUFACTURERS. Include any consigned inventories

Your Average Monthly Stock in Trade/Supplies Inventory at Cost \_\_\_\_\_

Your Average Monthly Inventory at Cost \_\_\_\_\_ Method Used \_\_\_\_\_

**SECTION 7 MANUFACTURER INVENTORIES WHICH YOU CLAIM EXEMPT**

(RI Law 44-5-38, as amended)

**SECTION 8 LEASED / RENTED / CONSIGNED TANGIBLE PERSONAL PROPERTY**

*This Section to be Used by All Businesses INCLUDING MANUFACTURERS*

Owner / Address	Item Description	Cost New	Lease Term	Monthly Rent	Lease #

**SECTION 9 TANGIBLE PROPERTY LEASED OR RENTED TO OTHERS**

On December 31, 2023, if you owned any items of tangible personal property (except registered motor vehicles), which you leased or rented to others, **attach a separate schedule to this form and report all of the following information for each item:**

Lessee's name and location of property, description of property, your acquisition cost, date of acquisition or installation, date of manufacture, monthly rental or lease income, and dates of lease. **Information on disposed assets must also be reported, including a list of assets, date of disposal and how the assets were disposed (lease buyout, returned to vendor, etc).**

**SECTION 10 LEASEHOLD IMPROVEMENTS**

Fixtures, etc. owned by you and attached to or used in real estate owned by others and not reported elsewhere. Leasehold improvements include, but are not limited to, wall paneling, carpeting, tile on wall and floors, ceilings, electrical and plumbing fixtures, partitions, building additions and the like.

Calendar Year Purchased	Description of Improvement	Improvement Cost	Depreciation Rate	Claimed Full Value	Assessor's Use Only
2023			5%		
2022			10%		
2021			20%		
2020			30%		
2019			40%		
2018			50%		
2017			60%		
2016 & Prior			70%		
<b>TOTALS</b>					

**SECTION 11 SIGN YOUR RETURN**

I do hereby certify and declare that, to the best of my knowledge and belief, the foregoing is a true and complete list of all real estate and personal property owned by said Corporation, Partnership or Individual in or ratable in said Town/City on the said thirty-first day of December, 2023 at 12 o'clock midnight, Eastern Standard time; that the value placed against each item thereof is the full and fair-cash value thereof at said time.

**Please  
Sign  
Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature

Date

I, \_\_\_\_\_ am responsible for the  
(Name) (Title)

information contained within this form. My Daytime Phone Number is: \_\_\_\_\_

On \_\_\_\_\_, \_\_\_\_\_ personally appeared before me and made oath that the foregoing account, by him/her signed and exhibited, contains to the best of his/her knowledge and belief, a true and full account and valuation of all the ratable estate owned or possessed by said corporation, co-partnership, or individual.

\_\_\_\_\_  
Signature of Notary Public & Date

\_\_\_\_\_  
My Commission Expires

**AFFIDAVIT OF CLOSED / SOLD / MOVED BUSINESS:** If the active status of the business has changed, please complete the following. Failure to provide complete and accurate information may result in a Tangible Tax Bill for the coming year. Attach any supporting documentation. False statements on this affidavit may be subject to legal recourse.

With regards to said business, I do certify that on \_\_\_\_\_ (DATE), the business was:  
**CLOSED / SOLD / MOVED (CIRCLE ONE)**

If **CLOSED**: Describe what happened to Business Assets: \_\_\_\_\_

If **SOLD**: Provide date of sale and the name of the new owner: \_\_\_\_\_

Was the Equipment included in the sale? Describe the equipment that was included \_\_\_\_\_

If **MOVED**: New Address: \_\_\_\_\_

Has a Tangible Account been created in the new Jurisdiction? \_\_\_\_\_ (Y/N)

Name (print): \_\_\_\_\_ Phone No: \_\_\_\_\_

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