

**RI Department of Labor & Training
P.O. Box 20380
Cranston, RI 02920**

Unemployment Insurance Address Change Request

Company Name: _____

Employer Registration Number: _____

Federal Employer Identification Number: _____

Unemployment Insurance Employer/Agent Name: Paychex Inc.

Unemployment Insurance Employer/Agent Address: _____

Post Office Box #: 2000

Street Address: #: _____ Street: _____

City: Henrietta State: NY Zip: 14467

Print Authorized Representative Name: _____

Authorized Representative Signature: _____

Contact Telephone Number: (_____) _____

Date: _____

RHODE ISLAND

SPECIAL INSTRUCTIONS: Rhode Island Unemployment Insurance Address Change Request Form (PEO120) must be completed for all Rhode Island full State Unemployment Insurance Clients and all out-of-state employers who report wages to the state of Rhode Island.