



Instructions for Filing

Registration of Limited Liability Partnership

[Section 7-12-56](#) of the General Laws of Rhode Island, 1956, as amended

The attached form is designed to meet minimal statutory filing requirements pursuant to the relevant statutory provision. This form and the information provided are not substitutes for the advice and services of an attorney and/or tax specialist.

This legal document should be typed. All illegible documents will be REJECTED.

How to complete the form:

1. State the name of the limited liability partnership. It must be distinguishable from any name on file with this office. The name must include "limited liability partnership", "l.l.p." or "llp". You may check [name availability](#) on our website; however, this does not ensure the name will still be available upon filing.
2. List the principal office address of the partnership.
3. If the partnership's principal office is not located in this state, list the name of the registered agent of the partnership. The registered agent is an individual or entity that will accept all legal service for this entity. The agent must be a Rhode Island resident or entity qualified to do business in this state. A Rhode Island street address is required, **NOT** a P.O. Box. In addition to all legal service of process, other important correspondence from the State will be sent to this address.
4. List the names and addresses of all the resident partners.
5. List the address where the records of the partnership will be maintained in Rhode Island.
6. Give a brief statement of the business the partnership is engaged in.
7. One (1) or more Partners authorized to execute this application **MUST** sign and date the form.

How to pay the filing fee:

The registration shall be effective for **one (1) year** after the date of filing unless voluntarily withdrawn. A renewal application must be filed during the **sixty (60) day** period preceding the expiration date of the application. If a renewal application is not filed during the **sixty (60) day** period, then the status of the limited liability partnership will expire. The registered limited liability partnership shall be responsible for filing a renewal application, since the Department of State is not obligated to send notice of expiration. The filing fee is \$150 payable either in person via cash, credit card, or check at the Business Services Division, or by mail to the Business Services Division via check made payable to the R.I. Department of State. Contact our office for further information.

How to confirm your filing:

Entity records are retrievable and viewable through our website. Successful filings will **NOT** result in a mailed confirmation. Filings that cannot be processed will be posted [online](#) and then returned. To confirm your submission and obtain evidence of your filing:

- Go to our [Corporate Database](#)
- Enter the name or ID number of your entity and click "Search"
- Click on the link to your entity record, scroll down, select "All Filings" and then "View Filing"
- Identify desired type of filing and click on "PDF" under "Files" to view and print the record
- Filing rejections can be viewed via the [Rejected Filings Viewer](#) on our website.

How to maintain your status:

Every entity registered with the Rhode Island Department of State - Business Services Division may have filing requirements with the [Rhode Island Division of Taxation](#), even if no business is conducted within Rhode Island for a particular year. Your business may require additional licensing, please visit our [website](#) for further information.

Evidence necessary for businesses providing professional services:

The following professionals require evidence of a current application with the appropriate licensing agency prior to filing with the Department of State.

- Engineering (401) 462-9592 www.bdp.ri.gov
- Land Surveying (401) 462-9595 www.bdp.ri.gov
- Architecture (401) 462-9594 www.bdp.ri.gov
- Landscape Architecture (401) 462-9595 www.bdp.ri.gov

If the entity is engaged in the practice of law, the applicant must apply for a limited liability entity license from the Rhode Island Supreme Court within thirty (30) days of filing with the Department of State. You may contact the Rhode Island Supreme Court Clerk's Office at (401) 222-3272 or www.courts.ri.gov.



Registration of Limited Liability Partnership

DOMESTIC Limited Liability Partnership

→ Filing Fee: \$150.00

STAMP

FOR SECRETARY OF STATE USE ONLY

The undersigned, desiring to form, a new limited liability partnership under and by virtue of the powers conferred by RIGL [7-12-56](#), do execute the following Registration of Limited Liability Partnership:



1. The name of the limited liability partnership is:		
2. The address of the principal office is:		
Street Address		
City/Town	State	Zip Code
3. If the partnership's principal office is not located in Rhode Island, the name and address of the initial registered agent/ office in Rhode Island is:		
Agent Name		
Street Address (<u>NOT</u> a P.O. Box)		
City/Town	State	Zip Code
	RHODE ISLAND	
4. The name and address of all resident partners is:		
NAME	ADDRESS	
Check the box to indicate an attachment. <input type="checkbox"/>		

MAIL TO:
Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov



5. List the place where the business records of the partnership are maintained; or, if more than one location for business records is maintained, list the principal place of business of the partnership:

Street Address

City/Town

State

Zip Code

6. A brief statement of the business in which the partnership is engaged:

7. This application has been executed by a majority in interest of the partners or by one (1) or more partners authorized to execute an application.

Under penalty of perjury, I/we declare and affirm that I/we have examined this Certificate of Limited Liability Partnership, including any accompanying attachments, and that all statements contained herein are true and correct.

Type or Print Name of Partner

Date

Signature of Resident Partner

SIGN DOCUMENT HERE

Type or Print Name of Partner

Date

Signature of Resident Partner

SIGN DOCUMENT HERE

Type or Print Name of Partner

Date

Signature of Resident Partner

SIGN DOCUMENT HERE



Filer Contact Information

In the event our office needs more information in order to complete the filing of this document, we ask for the filer's contact information. **All fields are REQUIRED.**

Name:		Date:
Proposed Entity Name:		
Street Address:		
City:	State:	Zip Code:
Email Address:		Phone Number: