



Instructions for Filing Limited Liability Partnership Statement of Notice of Withdrawal

[Section 7-12-56\(e\)](#) 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. List the entity's ID number. The ID number can be found by looking up your entity in the [Corporate Database](#).
2. List the name of the partnership. The entity name can be verified through our [Corporate Database](#).
3. Complete the withdrawal notice.
4. A Partner of the partnership **MUST** sign and date the form.

**Foreign Limited Liability Partnership's can use this form to file a Notice of Withdrawal.

How to pay the filing fee:

There is no filing fee to record a statement of notice of withdrawal.

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 online, via the [Rejected Filings Viewer](#) on our website.



Notice of Withdrawal

DOMESTIC Limited Liability Partnership

→No Filing Fee

STAMP

FOR SECRETARY OF STATE USE ONLY

Pursuant to the provisions of RIGL [7-12-56\(e\)](#) the undersigned submits the following statement for the purpose of withdrawal in the State of Rhode Island:



1. Entity ID Number:	2. Exact Name of the Corporation
3. State the withdrawal notice:	
<i>Under penalty of perjury, I declare and affirm that I have examined this Statement of Notice of Withdrawal, and that all statements contained herein are true and correct.</i>	
Name of Partner of the Limited Liability Partnership	Date
Signature of Partner of the Limited Liability Partnership SIGN DOCUMENT HERE	
Name of Partner of the Limited Liability Partnership	Date
Signature of Partner of the Limited Liability Partnership SIGN DOCUMENT HERE	

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov



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If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.



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