



## Instructions for Filing Limited Partnership Statement of Change of Specified Office and/or Registered Agent

[Section 7-13-4](#) 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](#). Please include this number on your check and refer to it in any future correspondence or filings with the Business Services Division.
2. List the name of the limited partnership. The entity name can be verified through our [Corporate Database](#). If the entity name has changed an amendment, form [301](#) or form [351](#), must be filed with this office. [Electronic filing](#) may be available.
3. Only Domestic Limited Partnerships are to complete this section. List the address of the specified office where the records are kept (required by RIGL [7-13-5](#)) and maintained as **PRESENTLY** shown in the records on file with the RI Department of State.
4. Only Domestic Limited Partnerships are to complete this section. List the address of the **NEW** specified office where the records are kept (required by RIGL [7-13-5](#)) and maintained.
5. List the address of the registered office as **PRESENTLY** shown in the records on file with our office. The entity's registered office can be verified through our [Corporate Database](#).
6. List the registered agent as **PRESENTLY** shown in the records on file with our office. The entity's registered agent can be verified through our [Corporate Database](#).
7. List the address of the **NEW** registered office. 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.
8. List the name of the **NEW** registered agent. The registered agent is an individual or entity that will accept all legal service for this business. The agent must be a Rhode Island resident or entity qualified to do business in the state.
9. A General Partner of the limited partnership **MUST** sign and date the form.

### How to pay the filing fee:

The filing fee is \$20, 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.

### 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.

### 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.



### Statement of Change of Specified Office and/or Registered Agent

DOMESTIC or FOREIGN Limited Partnership

→ Filing Fee: \$20.00

STAMP

FOR SECRETARY OF STATE USE ONLY

Pursuant to the provisions of RIGL [7-13-4](#) the undersigned partnership submits the following statement for the purpose of changing its specified office or registered agent in the State of Rhode Island:



1. Entity ID Number		2. Exact Name of the Limited Partnership	
3. The address of the specified office at which shall be kept the records required by RIGL <a href="#">7-13-5</a> to be maintained as <b>PRESENTLY</b> shown in the records on file with the RI Department of State (APPLICABLE TO DOMESTIC LIMITED PARTNERSHIPS ONLY):			
Street Address			
City/Town	State <b>RHODE ISLAND</b>	Zip Code	
4. The address of the <b>NEW</b> specified office at which shall be kept the records required by Section <a href="#">7-13-5</a> to be maintained is (APPLICABLE TO DOMESTIC LIMITED PARTNERSHIPS ONLY):			
Street Address ( <u>NOT</u> a P.O. Box)			
City/Town	State <b>RHODE ISLAND</b>	Zip Code	
5. The address of the registered office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:			
Street Address			
City/Town	State <b>RHODE ISLAND</b>	Zip Code	
6. The name of the registered agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:			

**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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7. The address of the <b>NEW</b> registered agent is:		
Street Address ( <u>NOT</u> a P.O. Box)		
City/Town	State <b>RHODE ISLAND</b>	Zip Code
8. The name of the <b>NEW</b> registered agent is:		
<i>Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Specified Office and/or Registered Agent by the Limited Partnership, and that all statements contained herein are true and correct.</i>		
Name of a General Partner of the Limited Partnership	Date	
Signature of General Partner of the Limited Partnership		
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:
Entity Name:		
Street Address:		
City:	State:	Zip Code:
Email Address:		