

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Division of Business Services
148 W. River Street
Providence, Rhode Island 02904-2615
(401) 222-3040

INSTRUCTIONS FOR FILING CERTIFICATE OF CANCELLATION OF CERTIFICATE OF LIMITED PARTNERSHIP

Section 7-13-10 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.

1. In order to cancel a certificate of limited partnership, a Certificate of Cancellation of Certificate of Limited Partnership (Form No. 302) must be filed with the Office of the Secretary of State, Division of Business Services, at the above address. When the Certificate of Cancellation is properly completed, signed and submitted with the correct filing fee, the Secretary of State will file the Certificate of Cancellation.
2. The filing fee for the Certificate of Cancellation is \$10.00, and payment should be made payable to the Rhode Island Secretary of State.
3. An original letter of good standing from the Rhode Island Division of Taxation for the purpose of cancellation must accompany the Certificate of Cancellation. The original letter of good standing must be dated within thirty (30) days of the receipt and filing of the Certificate of Cancellation. To download the Division of Taxation's application for good standing, log onto www.tax.ri.gov/taxforms/corporate.php or to have an application mailed to you, call (401) 574-8970. Questions pertaining to good standings should be directed to the Office of Audit and Discovery at (401) 574-8756.
4. The certificate of limited partnership shall be cancelled upon the dissolution and the commencement of winding up of the partnership or at any other time there are no limited partners.
5. Upon filing the Certificate of Cancellation, the limited partnership must be current with the maintenance of its registered agent and its registered office in this state.
6. The Certificate of Cancellation must be signed by all general partners.

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.

Filing Fee: \$10.00

ID Number: _____



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LIMITED PARTNERSHIP

**CERTIFICATE OF CANCELLATION OF
CERTIFICATE OF LIMITED PARTNERSHIP**

The undersigned, desiring to cancel the Certificate of Limited Partnership under and by virtue of the power conferred by Section 7-13-10 of the General Laws of Rhode Island, 1956, as amended, hereby execute the following Certificate of Cancellation of the Certificate of Limited Partnership:

1. The name of the limited partnership is:

2. The date of filing of the Certificate of Limited Partnership is: _____

3. The reason for filing the Certificate of Cancellation is:

4. The effective date, if not the date of filing, of the cancellation of the Certificate of Limited Partnership, is:

(must be date certain)

5. Other information as the general partners filing the certificate determine to include herein:

6. This Certificate of Cancellation is signed by all general partners of the Limited Partnership.

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

Date: _____

Print Name of Limited Partnership

By _____

By _____

By _____

By _____

By _____