



Instructions for Filing

Articles of Organization for a Domestic Limited Liability Company

[Section 7-16-6](#) 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 company. It must be distinguishable from any name on file with this office. The name must include "limited liability company," or the letters "l.l.c." with or without punctuation. An initial name availability check can be made on our [website](#) or by phoning our office; however, this does not ensure the name will still be available upon filing.
2. State the name of the resident agent of the limited liability company and that agent's address during normal business hours. It must be a Rhode Island street address. In addition to all legal service of process, other important correspondence from the State will be sent to this address.
3. Choose whether your company will be treated as a partnership, a corporation or disregarded as an entity separate from its member for federal income tax purposes. For more information about these distinctions, visit the website of the [IRS](#).
4. Provide the principal address of the limited liability company. If you do not know the address yet, state "not yet determined."
5. All Rhode Island limited liability companies have a perpetual (ongoing) existence until the LLC is formally dissolved with this office. All LLC's are organized to conduct any lawful business unless a more specific purpose or duration is stated in Section 6.
6. State any additional provisions agreed upon by the members that you would like to include in the Articles of Organization. *This is optional.*
7. Check the box to indicate how the limited liability company will be managed. If you check the first box to indicate that the LLC will be managed by its members, DO NOT fill out the chart. If you check the second box to indicate that the LLC will be managed by one or more managers, state their names and respective addresses if known.
8. Check "Date received" unless you prefer that the Articles go into effect at a later date than when the form is received in this office. Any later date must be within 30 days of filing.
9. An authorized person must sign and date the form.

How to pay the filing fee:

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.

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

How to maintain your status:

The limited liability company is responsible for filing an annual report each calendar year, excluding the year of organization, between September 1 and November 1. A courtesy reminder will be mailed to the resident agent prior to September 1 of each year. Be sure to follow up with your resident agent concerning the filing of this report. Failure to file an annual report or maintain a resident agent and/or address may result in the revocation of the Certificate of Organization pursuant to [RIGL 7-16-41](#).

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.



State of Rhode Island and Providence Plantations
Department of State - Business Services Division
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

STAMP

FOR
SECRETARY OF STATE
USE ONLY

Articles of Organization
Limited Liability Company
Filing Fee: \$150.00

Pursuant to the provisions of [RIGL 7-16](#), the following Articles of Organization are adopted for the limited liability company to be organized hereby:

1. The name of the limited liability company is:		
2. The name and address of the limited liability company's resident agent in Rhode Island is:		
Name		
Street Address (<u>NOT</u> a P.O. Box)		
City/Town	State RHODE ISLAND	Zip Code
3. Under the terms of these Articles of Organization and any written operating agreement made or intended to be made, the limited liability company is intended to be treated for purposes of federal income taxation as (check ONE box):		
<input type="checkbox"/> a partnership or <input type="checkbox"/> a corporation or <input type="checkbox"/> disregarded as an entity separate from its member		
4. The address of the principal office of the limited liability company if it is determined at the time of organization:		
Street Address		
City/Town	State	Zip Code
5. The limited liability company has the purpose of engaging in any lawful business, and shall have perpetual existence until dissolved or terminated in accordance with RIGL 7-16 , unless a more limited purpose or duration is set forth in Section 6 of these Articles of Organization.		

STAMP

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6. Additional provisions, if any, not inconsistent with law, which the member(s) elect to have set forth in these Articles of Organization, including, but not limited to, any limitation of the purpose(s) or duration for which the limited liability company is formed, and any other provision which may be included in an operating agreement:

Check this box to indicate attachment

7. The Limited Liability Company is to be managed by:

You MUST check one box:
 Its member(s) (If you have checked this box, skip to Section 8. **Do not** fill out the chart below.)
 One (1) or more manager(s) (If the limited liability company has manager(s) at the time of the filing of these Articles of Organization, state the name and address of each manager below.)

MANAGER	BUSINESS ADDRESS

8. Date when these Articles of Organization will be effective: **CHECK ONLY ONE BOX**

Date received (Upon filing)
 Later effective date (Date must be no more than 30 days from the day of filing) _____

Under penalty of perjury, I declare and affirm that I have examined these Articles of Organization, including any accompanying attachments, and that all statements contained herein are true and correct.

Name of Authorized Person		Address	
City/Town	State	Zip Code	
Signature of Authorized Person			Date

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.



**State of Rhode Island and Providence Plantations
Department of State - Business Services Division**

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

Phone: (401) 222-3040 | **Email:** corporations@sos.ri.gov | **Website:** www.sos.ri.gov

Filer Contact Information

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

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

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.



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Thank you for completing this form. In an effort to make corporate filing more efficient for Rhode Islanders, we are implementing new forms. This form is part of our sample population. Please take a few moments to leave feedback on how we can make it easier to do business in Rhode Island.

1. Have you filled out a corporate form from the Rhode Island Department of State before?
<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If yes, was this form easier or more difficult to complete than forms you have previously filled out?
<input type="checkbox"/> Easier <input type="checkbox"/> More difficult <input type="checkbox"/> No change
Explain:
b. If no, how simple was this form to fill out?
<input type="checkbox"/> Very simple <input type="checkbox"/> Fairly simple <input type="checkbox"/> Fairly difficult <input type="checkbox"/> Very difficult
Explain:
2. Did you find the "pop-up" help boxes useful?
<input type="checkbox"/> Yes <input type="checkbox"/> No
Explain:
3. Was the language in the help boxes plain and easy to understand?
<input type="checkbox"/> Yes <input type="checkbox"/> No
Explain:
4. Please provide any additional feedback you have about your experience filling out this form (features you liked, suggestions for improvement, accessibility, etc.):