



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

Instructions for Filing Articles of Dissolution for a Domestic Business Corporation

[Section 7-1.2-1308](#) and [7-1.2-1309](#) 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.

All filings are public records under RIGL [38-2-1](#), et seq. This means all information is available to the public by a variety of

How to complete the form:

Before submitting this form, ensure your entity has filed its final tax return and is in good standing with the RI Division of Taxation. You can confirm your tax status by contacting the Division of Taxation at tax.collections@tax.ri.gov or (401) 574-8941.

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 corporation. The entity name can be verified through our [Corporate Database](#).
3. Check the box indicating whether the entity is being dissolved by consent of the shareholders or by an act of the corporation.
4. All debts of the corporation must be paid and/or bankruptcy proceedings must be complete before filing this form. Verify your tax status by emailing tax.collections@tax.ri.gov.
5. All remaining property and assets must be distributed to shareholders according to their rights before filing this form.
6. There may not be any legal suits pending against the entity when you file this form.
7. As required by [RIGL 7-1.2-1309](#), the entity must certify that it has paid all fees and taxes. Confirm with the RI Division of Taxation that all tax debts have been satisfied.
8. Check "Date received" unless you prefer that the Dissolution goes into effect at a later date than the form is received in the office. Any later date must be within 90 days of filing.
9. An Authorized Officer **MUST** sign and date the form.

How to pay the filing fee:

The filing fee is payable either by mail via check made payable to RI Department of State or in person via cash, credit card, or check at the Business Services Division, 148 W. River Street, Ste. 1, Providence, RI 02904. Contact our office at (401) 222-3040 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 the desired type of filing and click on "PDF" under "View PDF" to view and print the record.

How to maintain your status:

The entity is responsible for filing an annual report each calendar year, excluding the year of incorporation, between February 1 and May 1. A courtesy reminder will be mailed to the registered agent prior to February 1 of each year. Be sure to follow up with your registered agent concerning the filing of this report. Failure to file an annual report or maintain a registered agent/office will result in revocation proceedings.

Every entity registered with the RI Department of State - Business Services Division will 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.



STAMP

FOR
SECRETARY OF STATE
USE ONLY

Articles of Dissolution

DOMESTIC Business Corporation

→ Filing Fee: \$50.00



Pursuant to the provisions of RIGL [7-1.2-1308](#) and [7-1.2-1309](#), the undersigned corporation adopts the following Articles of Dissolution for the purpose of dissolving the corporation:

1. Entity ID Number:	2. The name of the corporation is:
3. The dissolution was approved by (CHECK ONE) :	
consent of the shareholders pursuant to RIGL 7-1.2-1302 . OR an act of the corporation pursuant to RIGL 7-1.2-1303 .	
4. All debts, obligations and liabilities of the corporation have been paid and discharged, or have been subject to a completed bankruptcy proceeding under Title II of the U.S. Code.	5. All remaining property and assets of the corporation have been distributed among its shareholders in accordance with their respective rights and interests.
6. There are no suits pending against the corporation in any court, or that adequate provision has been made for the satisfaction of any judgement, order, or decree which may be entered against it in any pending suit.	7. The corporation certifies that it has no outstanding tax obligations. As required by RIGL 7-1.2-1309 , the corporation has paid all fees and taxes. [Note: tax status can be verified by emailing tax.collections@tax.ri.gov .]
8. Date when these Articles of Dissolution will be effective: CHECK ONE BOX ONLY	
Date received (Upon filing) Later effective date (Date must be no more than 90 days from the date of filing) _____	
9. <i>Under penalty of perjury, I/we declare and affirm that I/we have examined these Articles of Dissolution, including any accompanying attachments, and that all statements contained herein are true and correct.</i>	
Type or Print Name of Authorized Officer	Date
Signature of Authorized Officer of the Corporation	

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:

**VOLUNTARY
DISSOLUTION**