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

## Instructions for Filing Certificate of Amendment to Certificate of Limited Partnership

[Section 7-13.1-201](#) 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 methods including, without limitations, inspections at our office, telephone inquiries and electronically through our online database.*

### 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. If the entity's name is changing, state the new name. You may check [name availability](#) on our website. If there is no change to the entity name, check the box to indicate no change.
4. List the date of the filing of the Certificate of Limited Partnership. This date can be verified through our [Corporate Database](#).
5. If there is a change in the general partners, so state. If there is no change to the general partners, check the box to indicate no change.
6. If adding or amending additional provisions, so state. If there are not any provisional changes, check the box to indicate no change.
7. If there has been a dissociation of a person as a general partner, list the name and address of the dissociated general partner.
8. If a person has been appointed to wind up the partnership's activities and affairs, list the name and address of the appointed person.
9. The entity has paid all fees and taxes.
10. Check "Date Received" unless you prefer that the amendment goes into effect at a later date than when the form is received in this office. Any later date must be within 90 days of filing.
11. **ONE** General Partner **MUST** sign and date the form. If this amendment designates new general partner(s), each new general partner **MUST** sign 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.

Your entity may also be required to report (and update, if necessary) information about the business and its beneficial owners to the U.S. Department of Treasury's Financial Crimes Enforcement Network (FinCEN). Visit [FinCEN.gov/boi](#) for more information.



### Certificate of Amendment

Limited Partnership

→ Filing Fee: \$50.00

The undersigned, desiring to amend the Certificate of Limited Partnership under and by virtue of the power conferred by [RIGL 7-13.1-201](#), hereby executes the following Certificate of Amendment to the Certificate of Limited Partnership:

1. Entity ID Number:	2. The name of the partnership is:
3. If the entity's name is changing, state the new name:	
Check the box to indicate no change	
4. The date of filing of the Certificate of Limited Partnership is:	
5. If there is a change in the general partners complete the following section: *List <b>ALL</b> general partners as of this amendment	
NAME	ADDRESS
Check the box to indicate an attachment	
Check the box to indicate no change	
6. If adding or amending additional provisions, complete the following section:	
Check the box to indicate an attachment	
Check the box to indicate no change	

**MAIL TO:**

**Division of Business Services**  
 148 W. River Street, Providence, Rhode Island 02904-2615  
**Phone:** (401) 222-3040  
**Website:** www.sos.ri.gov



7. If there has been a dissociation of a person as a general partner, so state:

NAME	ADDRESS

8. The following person has been appointed to wind up the partnership's activities and affairs in accordance with RIGL 7-13.1-802(c) or (d):

NAME	ADDRESS

9. As required by RIGL [7-13.1](#), the partnership has paid all fees and taxes.

10. Date when this Certificate of Amendment 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) \_\_\_\_\_

11. This Certificate of Amendment is signed by at least one general partner and, if applicable, by each other general partner designated herein as a new general partner.

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

Type or Print Name of Limited Partnership

Signature of General Partner

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](mailto: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: