



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

Instructions for Filing Statement of Dissolution of Limited Partnership

[Section 7-13.1-802](#) 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:

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 limited partnership's ID number. The ID number can be found by looking up your entity in the [Corporate Database](#).
2. List the name of the limited partnership. The entity name can be found through our [Corporate Database](#).
3. List the date the original Certificate was filed. You can find the filings in the [Corporate Database](#).
4. The partnership is dissolved.
5. State any additional information the general partners want to be included in this filing. *This is optional.*
6. As required by [RIGL 7-13.1-213](#), 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. Verify tax status by emailing tax.collections@tax.ri.gov.
7. Check "Date received" unless you prefer that the Statement goes into effect at a date later than when the form is received in this office. A later date must be within 90 days of the filing.
8. **ALL** General Partners **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.

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

Type or Print Name of General Partner	Date
---------------------------------------	------

Signature of General Partner

Type or Print Name of General Partner	Date
---------------------------------------	------

Signature of General Partner

Type or Print Name of General Partner	Date
---------------------------------------	------

Signature of General Partner



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**