



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

Instructions for Filing Election to Comply for a Limited Partnership

[Section 7-13.1-112\(a\)\(2\)](#) 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 Partnership's ID number. The ID number can be accessed 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. The Partnership affirms it is a limited partnership and is electing to comply with RIGL [7-13.1](#).
4. The Partnership may elect to be a limited liability limited partnership. If the limited partnership elects to be a limited liability limited partnership, it must elect a name that includes the entity ending "limited liability limited partnership," "l.l.l.p.," or "lllp."
5. The Partnership acknowledges upon filing this statement that the Partnership will have a perpetual status until canceled or revoked.
6. State the name of the registered agent. The registered agent is an individual or entity that will accept all legal service for this entity. The agent must be a Rhode Island resident or entity qualified to do business in this state. A Rhode Island street address is required, **NOT** a P.O. Box. In addition to all legal service of process, other important correspondence from the state will be sent to this address.
7. Affirmation that this statement has been approved in the same manner provided in the partnership agreement or by law for amending the partnership agreement.
8. This statement is effective upon filing. All the 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.

How to maintain your status:

Effective 2024, the Limited Partnership will be responsible for filing an annual report each calendar year 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 resident agent/office may result in the revocation of the partnership's charter pursuant to RIGL [7-13.1-215](#).

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.



Election to Comply for a Limited Partnership

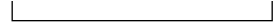
DOMESTIC Limited Partnership

→ Filing Fee: \$10.00

STAMP

FOR
SECRETARY OF STATE
USE ONLY

The undersigned limited partnership, desiring to comply with the provisions of RI Gen. Laws [7-13.1-112\(a\)\(2\)](#), executes the following statement:



1. Entity ID Number:		2. The name of the limited partnership is:	
3. The limited partnership is electing to comply with the provisions of RI Gen. Laws 7-13.1 .			
4. The limited partnership elects to be a limited liability limited partnership:		YES	NO
If yes, the name of the limited liability limited partnership is: <i>The name of the limited liability limited partnership must include "limited liability limited partnership," "l.l.p.," or "llp."</i>			
5. The partnership will have a perpetual status that remains effective, regardless of changes to the partnership, until it is canceled or revoked in accordance with the provisions of RI Gen. Laws 7-13.1 .			
6. The partnership designates as its registered agent in the State of Rhode Island:			
Agent Name			
Street Address (<u>NOT</u> a P.O. Box)			
City/Town	State RHODE ISLAND	Zip Code	
7. This statement has been approved by the limited partnership in the same manner provided in the partnership agreement or by law for amending the partnership agreement.			
8. This statement is effective upon filing.			



MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

Under penalty of perjury, I declare and affirm that I have examined this document, 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:
Proposed Entity Name:		
Street Address:		
City:	State:	Zip Code:
Email Address:		Phone Number: