



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

Instructions for Filing Withdrawal of Statement of Qualification of a Foreign Limited Partnership

Section 7-13.1-1013 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 RI 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 partnership. The entity name can be verified through our [Corporate Database](#).
3. List the date of the filing of the Statement of Registration of a Limited Partnership. This date can be verified through our [Corporate Database](#).
4. The partnership cancels its Statement of Registration.
5. The Partnership revokes the authority of its registered agent to accept service of process on behalf of the Partnership and instead consents to service of process being made by service on the RI Department of State.
6. List the post office address to which the RI Department of State may mail a copy of any process served on the Partnership through service on the RI Department of State.
7. The Partnership certifies that it has no outstanding tax obligations. As required by RIGL [7-13.1-213](#), the Partnership has paid all fees and taxes. [NOTE: Tax status can be verified by email tax.collections@tax.ri.gov).
8. Check "Date Received" unless you prefer that the withdrawal 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.
9. An authorized person **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.



Withdrawal of Statement of Qualification

FOREIGN Limited Partnership

→ Filing Fee: \$50.00

The undersigned, desiring to withdraw the Statement of Registration of a Limited Partnership under and by virtue of the power conferred by [RIGL 7-13.1-1013](#), hereby executes the following Statement to Withdraw the Statement of Registration of a Limited Partnership:

1. Entity ID Number:	2. The name of the partnership is:	
3. The date of filing of the Statement of Registration is:		
4. The Partnership is not doing business in this state and withdraws its registration to do business in the State of Rhode Island.		
5. The Partnership revokes the authority of its agent to accept service of process and consents that service of process in any action, suit or proceeding arising out of the transaction of business in the State of Rhode Island may thereafter be made on the Partnership by service thereof on the Department of State of the State of Rhode Island.		
6. The post office address to which the Department of State may mail a copy of any process against the Partnership that may be served on the RI Department of State is:		
Street Address:		
City/Town:	State:	Zip Code:
7. The Partnership certifies that it has no outstanding tax obligations. As required by RIGL 7-13.1-213 , the Partnership has paid all fees and taxes. [Note: Tax status can be verified by emailing tax.collections@tax.ri.gov]		
8. Date when this Statement of Withdrawal 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) _____		
<i>Under penalty of perjury, I declare and affirm that I have examined this Statement of Withdrawal, including any accompanying attachments, and that all statements contained herein are true and correct.</i>		
Type or Print Name of Authorized Person		
Signature of Authorized Person	Date	

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
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 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