



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

## Instructions for Filing Articles of Dissolution for a Domestic Limited Liability Company

[Section 7-16-47](#) 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.*

**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](mailto:tax.collections@tax.ri.gov) or (401) 574-8941.**

### How to complete the form:

1. List the LLC's ID number. The ID number can be found by looking up your entity in the [Corporate Database](#).
2. List the name of the LLC as written on your Articles of Organization. The entity name can be verified through our [Corporate Database](#).
3. List the date the original Articles of Organization were issued. You can find the filing in the [Corporate Database](#).
4. List the dates of filing for any amendments to the Articles, or the most recent restatement and all subsequent amendments, if any.
5. State the reason for filing the Articles of Dissolution.
6. List any other information or provision, not inconsistent with the law, which the members or authorized person signing the Articles of Dissolution elect to set forth. This is optional.
7. As required by [RIGL 7-16-8](#), the entity must certify that it has paid all fees and taxes. Confirm with the RI Division of Taxation that all tax obligations have been satisfied. Verify tax status by emailing [tax.collections@tax.ri.gov](mailto:tax.collections@tax.ri.gov).
8. Check "Date received" unless you prefer that the Certificate goes into effect at a date certain when the form is received in this office.
9. An Authorized Person **MUST** sign and date this 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:

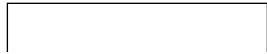
Entity records are retrievable and viewable through our website. Successful filings will NOT result in a mailed confirmation. Filings that cannot be processed will be posted [online](#) and then returned. To confirm your submission and obtain evidence of your filing:

- 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.



### Articles of Dissolution

DOMESTIC Limited Liability Company

→ Filing Fee: \$50.00

STAMP

FOR  
SECRETARY OF STATE  
USE ONLY

Pursuant to the provisions of [RIGL 7-16-47](#), the undersigned hereby submits the following Articles of Dissolution:

1. Entity ID Number:	2. The name of the limited liability company is:
3. The date of filing of its original Articles of Organization was:	
4. The dates of filing of all amendments to the original Articles of Organization or the most recent restatement, if any, and all subsequent amendments thereto:	
5. The reason(s) for filing the Articles of Dissolution are:	
6. State any other information or provision, not inconsistent with law, which the members or authorized person signing the Articles of Dissolution elect to set forth:	

**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. The limited liability company certifies that it has no outstanding tax obligations. As required by RIGL [7-16-8](#), the limited liability company has paid all fees and taxes. [Note: tax status can be verified by emailing [tax.collections@tax.ri.gov](mailto:tax.collections@tax.ri.gov).]

8. Date when these Articles of Dissolution will be effective: **CHECK ONE BOX ONLY**

Date received (Upon filing)

Effective date (which shall be a date certain) \_\_\_\_\_

*Under penalty of perjury, I declare and affirm that I have examined these Articles of Dissolution, including any accompanying attachments, and that all statements contained herein are true and correct.*

Name of Authorized Person	Street Address	
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City/Town	State	Zip Code
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Signature of Authorized Person	Date
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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](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:

**VOLUNTARY  
DISSOLUTION**