



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

Instructions for Filing Certificate of Cancellation for a Foreign Limited Liability Company

[Section 7-16-53](#) 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 or (401) 574-8941.

How to complete the form:

1. List the limited liability company'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 liability company. The entity name can be verified through our [Corporate Database](#).
3. List the state or jurisdiction under whose laws the LLC is organized.
4. The entity is not transacting business in this state and surrenders its authority to transact business in this state.
5. The Department of State will receive future service of process for the LLC regarding the transaction of business in Rhode Island.
6. List the complete postal address to which the Department of State can mail a copy of any service of process against the LLC.
7. As required by [RIGL 7-16-8](#), the limited liability company must certify that it has paid all fees and franchise 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.
8. Check "Date received" unless you prefer that the application go into effect at a later date than the form is received in the office. Any later date must be within 90 days of filing.
9. An authorized person of the LLC **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.



Certificate of Cancellation

FOREIGN Limited Liability Company

→ Filing Fee: \$75.00

STAMP

FOR
 SECRETARY OF STATE
 USE ONLY

Pursuant to the provisions of [RIGL 7-16-53](#), the undersigned foreign limited liability company hereby cancels its registration to transact business in the State of Rhode Island, and for that purpose submits the following statement:



1. Entity ID Number:	2. The name of the limited liability company is:
3. It is organized under the laws of:	
4. The entity is not transacting business in this state and surrenders its authority to transact business in this state.	
5. It 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 limited liability company 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 limited liability company that may be served on him or her is:	
7. The limited liability company certifies that it has no outstanding tax obligations. As required by RIGL 7-16-8 , the limited liability has paid all fees and taxes. [Note: tax status can be verified by emailing tax.collections@tax.ri.gov .]	
8. Date when the Cancellation 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 Certificate of Cancellation of Registration and that all statements contained herein are true and correct.</i>	
Type or Print Name of Authorized Person	Date
Signature of Authorized Person	

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov



STAMP

FOR
 SECRETARY OF STATE
 USE ONLY

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.



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**