



Instructions for Filing Statement of Qualification of Limited Liability Partnership

[Section 7-12.1-901](#) 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. State the name of the limited liability partnership. It must be distinguishable from any name on file with this office. The name must include "limited liability partnership," "registered limited liability partnership," "l.l.p.," "r.l.l.p.," "llp" or "rllp." You may check [name availability](#) on our website; however, this does not ensure the name will still be available upon filing.
2. State the principal office address of the partnership.
3. State the name of the partnership's registered agent. The registered agent is an individual or entity that will accept legal service for this entity. The agent must be a RI resident or entity qualified to do business in this state. A RI street address is required, **NOT** a P.O. Box.
4. List the name and address of each partner. *This is optional.*
5. By completing and submitting this Statement of Qualification the partnership is electing to become a limited liability partnership.
6. All Rhode Island limited liability partnerships have a perpetual (ongoing) existence until the partnership is formally cancelled with this office. All LLPs are organized to conduct any lawful business.
7. Check "date received" unless you prefer that the Statement of Qualification go 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.
8. A person authorized to execute this application **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:

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.

Evidence necessary for businesses providing professional services:

The following professionals require evidence of a current application with the appropriate licensing agency prior to filing with the Department of State.

- Engineering (401) 889-5446 [bdp.ri.gov](#)
- Land Surveying (401) 889-5446 [bdp.ri.gov](#)
- Architecture (401) 889-5446 [bdp.ri.gov](#)
- Landscape Architecture (401) 889-5446 [bdp.ri.gov](#)



Statement of Qualification of Limited Liability Partnership

DOMESTIC Limited Liability Partnership

→ Filing Fee: \$150.00

STAMP

FOR
SECRETARY OF STATE
USE ONLY

The undersigned, desiring to form, a new limited liability partnership under and by virtue of the powers conferred by RIGL [7-12.1-901](#), do execute the following Statement of Qualification of Limited Liability Partnership:

1. The name of the limited liability partnership is:		
2. The address of the principal office is:		
Street Address		
City/Town	State	Zip Code
3. The name and address of the initial registered agent/office in Rhode Island is:		
Agent Name		
Street Address (<u>NOT</u> a P.O. Box)		
City/Town	State RHODE ISLAND	Zip Code
4. The name and address of each partner is (<i>This is optional.</i>):		
NAME	ADDRESS	
Check this box to indicate an attachment		

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

5. By filing this statement, the partnership elects to become a limited liability partnership.	
6. The partnership has the purpose of engaging in any lawful business, and shall have perpetual existence until cancelled or terminated in accordance with RIGL 7-12.1 .	
7. Date when this Statement of Qualification will be effective: CHECK ONE BOX ONLY	
<div style="margin-left: 40px;">Date received (Upon filing)</div> <div style="margin-left: 40px;">Later effective date (Date must be no more than 90 days from the date of filing) _____</div>	
8. This application has been executed by a majority in interest of the partners or by one (1) or more partners authorized to execute an application.	
<i>Under penalty of perjury, I/we declare and affirm that I/we have examined this Statement of Qualification of Limited Liability Partnership, including any accompanying attachments, and that all statements contained herein are true and correct.</i>	
Type or Print Name of Authorized Person	Date
Signature of Authorized Person	



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:

Formation