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

Instructions for Filing Amendment to 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. 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. If the entity's name is changing, state the new name. You may check [name availability](#) on our website. If there is no change to the entity name, check the box to indicate no change.
4. List the date of the filing of the Statement of Qualification of Limited Liability Partnership. This date can be verified through our [Corporate Database](#).
5. If adding or amending additional provisions, so state. If there are not any provisional changes, check the box to indicate no change.
6. The entity has paid all fees and taxes.
7. Check "Date Received" unless you prefer that the amendment 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.
8. 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.

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.

Your entity may also be required to report (and update, if necessary) information about the business and its beneficial owners to the U.S. Department of Treasury's Financial Crimes Enforcement Network (FinCEN). Visit [FinCEN.gov/boi](#) for more information.



Amendment of Statement of Qualification

DOMESTIC Limited Liability Partnership

STAMP

FOR
SECRETARY OF STATE
USE ONLY

→ Filing Fee: \$50.00

The undersigned, desiring to amend the Statement of Qualification of Limited Liability Partnership under and by virtue of the power conferred by RIGL [7-12.1-901](#), hereby executes the following Amendment to the Statement of Qualification of Limited Liability Partnership:

1. Entity ID Number:	2. The name of the partnership is:
3. If the entity's name is changing, state the new name:	
Check the box to indicate no change	
4. The date of filing of the Statement of Qualification is:	
5. If adding or amending additional provisions, complete the following section:	
Check the box to indicate an attachment	
Check the box to indicate no change	
6. As required by RIGL 7-12.1 , the partnership has paid all fees and taxes.	
7. Date when this Certificate of Amendment 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) _____	
8. <i>Under penalty of perjury, I/we declare and affirm that I/we have examined this Amendment to 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	
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



STAMP

FOR
SECRETARY OF STATE
USE ONLY



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: