



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

Instructions for Filing Application for Transfer of Authority

Section [7-1.2-1411.1](#), [7-6-80.1](#), [7-12.1-1009](#), [7-13.1-1009](#), and [7-16-52.1](#) 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 full name of the applicant entity. The entity name can be verified through our [Corporate Database](#).
3. Check the appropriate box to indicate the structure of the duly qualified foreign entity. Check only one box.
4. Check the appropriate box to indicate the structure to which the duly qualified foreign entity is transferring its authority. Check only one box.
5. List the date on which the entity filing this Application qualified to conduct business in the State of Rhode Island.
6. List the jurisdiction of the entity after the transfer of authority is completed.
7. List the name of the entity as it will exist following the transfer of authority.
8. Check one box to indicate which document is attached. This Application for Transfer of Authority must be accompanied by the appropriate form to qualify the new entity.
9. This Application for Transfer of Authority must be accompanied by a Certificate of Good Standing/Legal Existence from the current jurisdiction of the entity.
10. The Application for Transfer of Authority must be executed by one or more persons authorized to act on behalf of the transferring limited liability company, non-profit corporation, corporation, the general partners of the limited partnership or by a majority of the partners or by one (1) or more partners authorized to execute on behalf of the limited liability partnership.

NOTE: If the transferring entity has properly registered one or more fictitious business name statements and the resulting entity is eligible to hold a fictitious business name, the fictitious business names of record will be automatically transferred to the resulting entity. In the event one or more of the fictitious business names contain an entity ending that is now in conflict with the resulting entity structure, a Correction Statement is required. Please contact our office for specific filing instructions.

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.



Application for Transfer of Authority

FOREIGN Business Corporation, Limited Partnership,
Limited Liability Company, Limited Liability Partnership or Non-Profit Corporation

STAMP
FOR
SECRETARY OF STATE
USE ONLY

Pursuant to the applicable provisions of RIGL Title [7](#), the undersigned duly qualified foreign entity submits the following application for the purpose of transferring its authority to conduct business in the State of Rhode Island to:

1. Entity ID Number:	2. The full name of the entity filing this application is:							
3. The applicant is a duly qualified foreign: (CHECK ONE BOX ONLY) <table style="width:100%; border:none;"> <tr> <td style="width:33%; text-align:center;">Limited Liability Company</td> <td style="width:33%; text-align:center;">Business Corporation</td> <td style="width:33%; text-align:center;">Non-Profit Corporation</td> </tr> <tr> <td style="text-align:center;">Limited Partnership</td> <td style="text-align:center;">Limited Liability Partnership</td> <td></td> </tr> </table>			Limited Liability Company	Business Corporation	Non-Profit Corporation	Limited Partnership	Limited Liability Partnership	
Limited Liability Company	Business Corporation	Non-Profit Corporation						
Limited Partnership	Limited Liability Partnership							
4. The applicant submits this application for the purpose of transferring its authority to a: (CHECK ONE BOX ONLY) <table style="width:100%; border:none;"> <tr> <td style="width:50%; text-align:center;">Limited Liability Company (RIGL 7-16-52.1)</td> <td style="width:50%; text-align:center;">Business Corporation (RIGL 7-1.2-1411.1)</td> </tr> <tr> <td style="text-align:center;">Non-Profit Corporation (RIGL 7-6-80.1)</td> <td style="text-align:center;">Limited Partnership or Limited Liability Partnership (RIGL 7-13.1-1009)</td> </tr> <tr> <td style="text-align:center;">Limited Liability Partnership (RIGL 7-12.1-1009)</td> <td></td> </tr> </table>			Limited Liability Company (RIGL 7-16-52.1)	Business Corporation (RIGL 7-1.2-1411.1)	Non-Profit Corporation (RIGL 7-6-80.1)	Limited Partnership or Limited Liability Partnership (RIGL 7-13.1-1009)	Limited Liability Partnership (RIGL 7-12.1-1009)	
Limited Liability Company (RIGL 7-16-52.1)	Business Corporation (RIGL 7-1.2-1411.1)							
Non-Profit Corporation (RIGL 7-6-80.1)	Limited Partnership or Limited Liability Partnership (RIGL 7-13.1-1009)							
Limited Liability Partnership (RIGL 7-12.1-1009)								
5. The date the applicant qualified to conduct business in Rhode Island is:	6. The jurisdiction upon transfer of authority is:							
7. The name of the entity following the transfer of authority is:								
8. The application for transfer of authority is filed as an accompanying certificate to the: CHECK ONE BOX ONLY <table style="width:100%; border:none;"> <tr><td>Application for registration for a Limited Liability Company</td></tr> <tr><td>Application for certificate of authority for a Business Corporation</td></tr> <tr><td>Application for certificate of authority for a Non-Profit Corporation</td></tr> <tr><td>Statement of registration for a Limited Partnership</td></tr> <tr><td>Statement of registration for a registered Limited Liability Partnership</td></tr> </table>			Application for registration for a Limited Liability Company	Application for certificate of authority for a Business Corporation	Application for certificate of authority for a Non-Profit Corporation	Statement of registration for a Limited Partnership	Statement of registration for a registered Limited Liability Partnership	
Application for registration for a Limited Liability Company								
Application for certificate of authority for a Business Corporation								
Application for certificate of authority for a Non-Profit Corporation								
Statement of registration for a Limited Partnership								
Statement of registration for a registered Limited Liability Partnership								
9. This Transfer of Authority and applicable Application/Certificate/Notice must be accompanied by a Certificate of Good Standing/Legal Existence from the current jurisdiction of the entity.								

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
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10. TO BE COMPLETED BY THE ENTITY TRANSFERRING AUTHORITY

Under penalty of perjury, I/we declare and affirm that I/we have examined this Application for Transfer of Authority, including any accompanying attachments, and that all statements contained herein are true and correct and that the undersigned is authorized to sign this certificate on behalf of the entity set forth above.

Type or Print Name of **Limited Liability Company**

Signature of Authorized Person

Date

Signature of Authorized Person

Date

Type or Print Name of **Corporation**

Signature of Authorized Person

Date

Signature of Authorized Person

Date

Type or Print Name of **Partnership**

Signature of Partner

Date

Signature of Partner

Date

Signature of Partner

Date

Type or Print Name of **Other Entity**

Signature of Authorized Person

Date

Signature of Authorized Person

Date

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: