



State of Rhode Island
Department of State - Business Services Division

Instructions for Filing
Domestic or Foreign Partnership (LP, LLLP, LLP)

Statement of Abandonment of Use of Fictitious Business Name

[Section 7-13.1-114.1](#) or [7-12.1-902.1](#) 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.

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

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. List the fictitious business name the entity would like to abandon.
4. List the date when the original fictitious name statement was filed.
5. List the state or country in which the entity formed.
6. Domestic entities **MUST** list the date of formation. Foreign entities **MUST** list the date of registration in Rhode Island. The entity's date of formation/registration can be verified through our [Corporate Database](#).
7. An Authorized Person of the partnership **MUST** sign and date the form. A General Partner of a Limited Partnership **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.



Statement of Abandonment of Use of Fictitious Business Name

DOMESTIC or FOREIGN Partnership

→ Filing Fee: \$50.00

STAMP

FOR
SECRETARY OF STATE
USE ONLY

Pursuant to the provisions of RIGL [7-13-1-114.1](#) or [7-12.1-902.1](#), the undersigned limited partnership hereby abandons the use of a fictitious business name in the transaction of business in the state of Rhode Island and submits the following:



1. Entity ID Number:	2. The name of the Partnership is:
3. The fictitious business name to be abandoned is:	
4. The date when the original fictitious business name statement was filed is:	
5. The state or country the entity is formed is:	6. The date of registration is:
<i>Under penalty of perjury, I declare and affirm that the information contained herein is true and correct.</i>	
Name of Applicant Partnership	Date
Signature of General Partner or 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



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: