



## Instructions for Filing

### Notice of Foreign Registered Limited Liability Partnership

[Section 7-12-59](#) 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.

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

#### How to complete the form:

1. State the name of the partnership. It must be distinguishable from any name on file with this office. The name must include "limited liability partnership", "l.l.p." or "llp". You may check [name availability](#) on our website; however, this does not ensure the name will still be available upon filing. If you are proposing a different name for transacting business in Rhode Island, you may write it in the second available space.
2. List the state or country under whose laws the partnership was formed.
3. List the principal office address of the partnership.
4. If the partnership's principal office is not located in this state, list the name of the registered agent of the partnership. The registered agent is an individual or entity that will accept all legal service for this entity. The agent must be a Rhode Island resident or entity qualified to do business in this state. A Rhode Island street address is required, **NOT** a P.O. Box. In addition to all legal service of process, other important correspondence from the State will be sent to this address.
5. List the names and addresses of all of the resident partners in Rhode Island.
6. State the type of business the partnership is engaged in.
7. State any other information that the partnership determines to include.
8. A [Certificate of Good Standing/Letter of Status](#) from the state or country of formation dated within 60 days of the date of this filing must accompany this application.
9. One (1) or more Partners authorized to execute this application **MUST** sign and date the form.

#### How to pay the filing fee:

The filing fee is \$1000, payable either in person via cash, credit card, or check at the Business Services Division, or by mail to the Business Services Division via check made payable to the R.I. Department of State. Contact our office 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 desired type of filing and click on "PDF" under "Files" to view and print the record
- Filing rejections can be viewed via the [Rejected Filings Viewer](#) on our website.

#### How to maintain your status:

The notice shall be effective for 2 (two) years from the date of filing. Upon expiration the foreign LLP is responsible for filing a new notice. Every entity registered with the Rhode Island Department of State - Business Services Division may 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.



## Instructions for Filing (continued)

### Notice of Foreign Registered Limited Liability Partnership

[Section 7-12-59](#) of the General Laws of Rhode Island, 1956, as amended

## Evidence necessary for businesses providing professional services:

#### ***Prior approval required for Engineers:***

If the entity is engaged in the practice of Engineering, at the time of filing, evidence of a current application with the Rhode Island Department of Business Regulation, Board of Design Professionals (401) 462-9592 or [www.bdp.ri.gov](http://www.bdp.ri.gov) is required.

#### ***Licensing requirements – all entities:***

If the entity is engaged in the practice of law, the applicant must apply for a limited liability entity license from the Rhode Island Supreme Court within thirty (30) days of filing with the Department of State. You may contact the Rhode Island Supreme Court Clerk's Office at (401)222-3272 or [www.courts.ri.gov](http://www.courts.ri.gov).

If the entity is engaged in the practice of medicine (see RIGL 7-5.1-2 for all applicable disciplines) the applicant must apply for licensing from the Rhode Island Department of Health, Professional Regulation. You may contact the Rhode Island Department of Health at (401) 222-5960 or [www.health.ri.gov](http://www.health.ri.gov).

If the entity is engaged in the practice of land surveying, architecture or landscape architecture, the applicant must apply for licensing from the Rhode Island Department of Business Regulations, Board of Design Professionals at (401) 462-9530 or [www.bdp.ri.gov](http://www.bdp.ri.gov).

If the entity is engaged in the practice of accountancy, the applicant must apply for licensing from the Rhode Island Department of Business Regulation, Board of Accountancy at (401) 462-9500 or <http://www.dbr.state.ri.us/divisions/accountancy/>



STAMP

FOR  
SECRETARY OF STATE  
USE ONLY

## Notice of Registration

### FOREIGN Limited Liability Partnership

→ Filing Fee: \$1,000.00

The undersigned, foreign registered limited liability partnership in accordance with RIGL [7-12-59](#), submits notice of its intent to transact business in the state of Rhode Island and for that purpose makes the following statement:



|  |                              |          |
|--|------------------------------|----------|
| 1. The name of the foreign limited liability partnership shall be:   |                              |          |
|  |                              |          |
| The name, if different, under which it proposes to register and transact business in Rhode Island is:  |                              |          |
|  |                              |          |
| 2. The jurisdiction, the laws of which govern its partnership agreement and under which it is registered as a Limited Liability Partnership, is:         |                              |          |
|  |                              |          |
| 3. The address of the principal office is:   |                              |          |
| Address  |                              |          |
|  |                              |          |
| City/Town  | State                        | Zip Code |
|  |                              |          |
| 4. If the partnership's principal office is not located in Rhode Island, 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<br><b>RHODE ISLAND</b> | Zip Code |
|  |                              |          |

**MAIL TO:**

**Division of Business Services**

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

**Phone:** (401) 222-3040

**Website:** [www.sos.ri.gov](http://www.sos.ri.gov)



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FOR  
SECRETARY OF STATE  
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5. The name and address of all resident partners in Rhode Island is:

| NAME | ADDRESS |
|------|---------|
|      |         |
|      |         |
|      |         |
|      |         |

Check the box to indicate an attachment.

6. A brief statement of the business in which the partnership is engaged:

Check the box to indicate an attachment.

7. Any other information that the partnership determines to include:

Check the box to indicate an attachment.

8. The partnership is a Registered Limited Liability Partnership. The notice shall be effective for 2 (two) years from the date of filing. Upon expiration the Foreign Limited Liability Partnership is responsible for filing a new notice.

*Under penalty of perjury, I/we declare and affirm that I/we have examined this Notice of Foreign Limited Liability Partnership, including any accompanying attachments, and that all statements contained herein are true and correct.*

Type or Print Name of Partner

Date

Signature of Partner

SIGN DOCUMENT HERE

Type or Print Name of Partner

Date

Signature of Partner

SIGN DOCUMENT HERE

Type or Print Name of Partner

Date

Signature of Partner

SIGN DOCUMENT HERE



## 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: |