



State of Rhode Island
Department of State - Business Services Division

Instructions for Filing Certificate of Cancellation of Limited Partnership

[Section 7-13-10](#) 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:

Obtain a [letter of good standing \(LOGS\)](#) issued by the RI Division of Taxation for the purpose of cancellation. You may contact the Division of Taxation at tax.ri.gov or (401) 574-8941.

1. List the limited partnership's ID number. The ID number can be found by looking up your entity in the [Corporate Database](#).
2. List the name of the limited partnership. The entity name can be found through our [Corporate Database](#).
3. List the date the original Certificate was filed. You can find the filings in the [Corporate Database](#).
4. List the reasons for cancelling the Certificate.
5. Check "Date received" unless you prefer that the Certificate goes into effect at a date certain from when the form is received in this office.
6. State any additional information the general partners want to be included in this filing. *This is optional.*
7. As required by RIGL [7-13-10](#), the partnership has paid all fees and franchise taxes. RI Division of Taxation **original** LOGS must accompany this form. The LOGS must be dated within **thirty days** of the cancellation file date.
8. **ALL** General Partners **MUST** sign and date the form.

How to pay the filing fee:

The filing fee is \$10, 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 desired type of filing and click on "PDF" under "View PDF" to view and print the record



Certificate of Cancellation

DOMESTIC Limited Partnership

→ Filing Fee: \$10.00

STAMP

FOR SECRETARY OF STATE USE ONLY

The undersigned, desiring to cancel the Certificate of Limited Partnership under and by virtue of the power conferred by RIGL [7-13-10](#), hereby execute the following Certificate of Cancellation of the Certificate of Limited Partnership:



1. Entity ID Number:	2. The name of the limited partnership is:
3. The date of filing of the Certificate of Limited Partnership is:	
4. The reason for filing the Certificate of Cancellation is:	
Check the box to indicate an attachment	
5. Date when the cancellation of the Certificate of Limited Partnership will be effective: CHECK ONLY ONE BOX	
Date received (Upon filing)	
Effective date (which shall be a date certain) _____	
6. Other information as the general partners filing the certificate determine to include herein:	
Check the box to indicate an attachment	
7. As required by RIGL 7-13-10 the partnership has paid all fees and taxes. RI Division of Taxation's ORIGINAL letter of good standing (LOGS) for the purpose of cancellation MUST accompany this form.	

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

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

Type or Print Name of General Partner	Date
Signature of General Partner	
Type or Print Name of General Partner	Date
Signature of General Partner	
Type or Print Name of General Partner	Date
Signature of General Partner	



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: