



Instructions for Filing

Certificate of Correction to Application for Registration of a Foreign Limited Partnership

[Section 7-13-52](#) 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 partnership's ID number. The ID number can be accessed 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.
 - a. Complete 3b if, after an initial name availability check through the Corporate Database on our website or by phoning our office, the original name is unavailable for use in Rhode Island, you may write it on the line below.
4. If the entity's purpose is changing, so state. If there is no change to the purpose, check the box to indicate no change.
5. If the entity's principle office address is changing, so state. If there is no change to the principle office address, check the box to indicate no change.
6. If the entity's mailing office address is changing, so state. If there is no change to the mailing office address, check the box to indicate no change.
7. If the general partners is changing, so state. If there is no change to the partners, check the box to indicate no change.
8. If the entity's additional provisions are changing, so state. If there are not any provisional changes, check the box to indicate no change.
9. **ONE** General Partner **MUST** sign and date the form. If this amendment designates new general partner(s), each new general partner **MUST** sign 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 Correction to Application for Registration

FOREIGN Limited Partnership

→ Filing Fee: \$10.00

STAMP

FOR SECRETARY OF STATE USE ONLY

Pursuant to the provisions of RIGL [7-13-52](#), the undersigned foreign limited partnership hereby submits the following Certificate of Correction:



1. Entity ID Number:	2. The name of the partnership is:
3. If the entity's name is changing, state the new name: <div style="text-align: right;">Check the box to indicate no change</div>	
3a. If the entity's elected name is changing, state the new elected name: <div style="text-align: right;">Check the box to indicate no change</div>	
4. If the entity's purpose is changing complete the following section: <div style="text-align: right;">Check the box to indicate an attachment</div> <div style="text-align: right;">Check the box to indicate no change</div>	
5. If the principle office address is changing complete the following section: <div style="text-align: right;">Check the box to indicate no change</div>	
6. If the mailing address is changing complete the following section: <div style="text-align: right;">Check the box to indicate no change</div>	

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

7. If there is a change in the general partners complete the following section:

Check the box to indicate an attachment

Check the box to indicate no change

8. If there are changes in other provisions complete the following section:

Check the box to indicate an attachment

Check the box to indicate no change

Under penalty of perjury, I declare and affirm that I have examined this Certificate of Correction to Application for Registration of a Foreign Limited Partnership, including any accompanying attachments, and that all statements contained herein are true and correct.

Print or Type Exact Name of Limited Partnership

Print or Type Name of General Partner

Date

Signature of General Partner

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: