



## Instructions for Filing

### Amendment to an Application for Registration of a Foreign Limited Liability Company

[Section 7-16-52](#) 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 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 limited liability company. The entity name can be verified through our [Corporate Database](#).
3. If the entity's name has changed, state the new name. You may check [name availability](#) on our website. If the name is not available in Rhode Island complete 3a. If there is no change to the entity name, check the box to indicate no change.
- 3a. If you are proposing a different name for transacting business in Rhode Island, complete this section.
4. If the period of duration has changed in your home state complete Section 4. If there is no change to the duration, check the box to indicate no change.
5. If the entity's address required to be maintained in the state or country of its organization has changed, so state. If there is no change to the required address, check the box to indicate no change.
6. If the entity's mailing office address has changed, so state. If there is no change to the mailing office address, check the box to indicate no change.
7. If the entity's purpose is changing, so state. If there is no change to the purpose, check the box to indicate no change.
8. If the entity's management structure has changed, so state. If you check the first box to indicate that the LLC will be managed by its members, **DO NOT** fill out the chart. If you check the second box to indicate that the LLC will be managed by one or more managers, state their names and respective addresses if known. If there is no change to the management structure, check the box to indicate no change.
9. The entity has paid all fees and taxes.
10. Except as herein modified, the original Application for Registration continues in full force and effect and is hereby confirmed, by a person with authority, by reference into this Amendment to the Application for Registration.
11. Check "Date received" unless you prefer that the Amendment goes into effect at a later date than when the form is received in this office. Any later date must be within 90 days of filing.
12. An Authorized Person **MUST** sign and date the form.

#### How to pay the filing fee:

The filing fee is \$50, 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

#### How to maintain your status:

The limited liability company is responsible for filing an annual report each calendar year, excluding the year of organization, between September 1 and November 1. A courtesy reminder will be mailed to the resident agent prior to September 1 of each year. Be sure to follow up with your resident agent concerning the filing of this report. Failure to file an annual report or maintain a resident agent/office may result in the revocation of the Certificate of Registration pursuant to RIGL [7-16-41](#).

Every entity registered with the RI 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.



# Amendment to Application for Registration

## FOREIGN Limited Liability Company

→ Filing Fee: \$50.00

STAMP

FOR SECRETARY OF STATE USE ONLY

Pursuant to the provisions of RIGL [7-16-52](#) the undersigned foreign limited liability company hereby amends its Application for a Certificate of Registration to transact business in the state of Rhode Island, and for that purpose submits the following statement:



1. Entity ID Number:	2. The name of the limited liability company is:
3. If the entity's name is changing, state the new name:	
Check the box to indicate no change	
3a. The entity's name, if different, under which it proposed to register and transact business in Rhode Island is:	
4. If the period of duration has changed in the home state, complete the following section: <b>CHECK ONE BOX ONLY</b>	
Perpetual (on-going)	
Date certain for dissolution _____	
Check the box to indicate no change	
5. If the required address of the office to be maintained in the state or country of its organization has changed, complete the following section:	
Check the box to indicate no change	
6. If the mailing address is changing complete the following section:	
Check the box to indicate no change	
7. If the entity's purpose is changing complete the following section: <i>*The new purpose should include ALL activity to be transacted in the State of Rhode Island.</i>	
Check the box to indicate an attachment	Check the box to indicate no change

**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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8. If the management structure has changed, complete the following section:	
The Limited Liability Company is to be managed by: <b>CHECK ONLY ONE BOX</b> Its member(s) (If you have checked this box, skip to Section 9. <b>DO NOT</b> fill out the chart on the next page.) One (1) or more manager(s) (If the limited liability company has manager(s) at the time of the filing of this Amendment to the Application for Registration, state the name and address of each manager.)	
<b>MANAGER</b>	<b>ADDRESS</b>
Check the box to indicate no change	
9. As required by RIGL <a href="#">7-16-67</a> , the limited liability company has paid all fees and taxes.	
10. Except as herein modified, the original Application for Registration continues in full force and effect and is hereby confirmed, by a person with authority, by reference into this Amendment to the Application for Registration.	
11. Date when this Amendment to the Application for Registration will be effective: <b>CHECK ONE BOX ONLY</b>	
Date received (Upon filing)	
Later effective date (Date must be no more than 90 days from the date of filing) _____	
<i>Under penalty of perjury, I declare and affirm that I have examined this Amendment to the Application for Registration, including any accompanying attachments, and that all statements contained herein are true and correct.</i>	
Type or Print Name of Limited Liability Company	Date
Signature of Authorized Person	

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](mailto: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: