



State of Rhode Island  
Department of State - Business Services Division

## Instructions for Filing Application for Certificate of Conversion

[Section 7-1.2-1007](#), [7-13-8.2](#), and [7-16-5.2\(e\)](#) 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 full name of the converting entity. Existing entity names can be verified through our [Corporate Database](#).
  3. Rhode Island is the state under whose laws the converting entity was formed.
  4. List the date of the entity's formation.
  5. List the state or country to which the entity is converting.
  6. Check the box to indicate to which structure the entity is converting.
  7. List the name of the entity following the conversion.
  8. The conversion has been approved in the manner provided for in RIGL [7-1.2-1008](#), [7-13-8.2](#), and [7-16-5.2\(e\)](#).
  9. Check the box to indicate the document to which this certificate will be attached.
  10. Check the box to indicate which document was approved by the parties authorized to approve this conversion.
  11. Check "Date received" unless you prefer that the Certificate go into effect at a later date than when it is received in this office. Any later date may not be more than 90 days in the future.
  12. **ALL** entities involved **MUST** sign and date the form.
- \*\* The Certificate of Conversion **MUST** be signed by:
- one or more persons authorized to act on behalf of the 'other entity;' or
  - one or more partners authorized to act on behalf of the general partnership or limited liability partnership; or
  - one or more persons authorized to sign the Certificate of Conversion on behalf of the limited liability company or business corporation.

### How to pay the filing fee:

The filing fee is:

- \$230 for Business Corporation
- \$100 for Limited Partnership
- \$150 for Limited Liability Partnership
- \$150 for Limited Liability Company

The 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 located at 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 the entity and click "Search"
- Click on the link to the 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



### Application for Certificate of Conversion

DOMESTIC Business Corporation, Limited Partnership, Limited Liability Partnership or Limited Liability Company

- Business Corporation Articles of Incorporation Filing Fee: \$230.00
- Certificate of Limited Partnership Filing Fee: \$100.00
- Registration for Limited Liability Partnership Filing Fee: \$150.00
- Limited Liability Company Articles of Organization Filing Fee: \$150.00

Pursuant to the applicable provisions of RIGL [7-1.2-1007](#), [7-13-8.2](#) and [7-16-5.1](#), the undersigned submits the following Certificate of Conversion:

1. Entity ID Number:	2. The full name of the converting entity is:
3. It is formed under the jurisdiction of:	4. The date of formation is:
<b>RHODE ISLAND</b>	
6. The structure of the converted entity will be: <b>CHECK ONE BOX ONLY</b>	
<input type="checkbox"/> Business Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Limited Partnership	
7. The name of the entity following the conversion is:	
8. This conversion has been approved in the manner provided for in RIGL <a href="#">7-1.2-1007</a> , <a href="#">7-13-8.1</a> and <a href="#">7-16-5.1</a> .	
9. The certificate of conversion is filed as an accompanying certificate to: <b>CHECK ONE BOX ONLY</b>	
<input type="checkbox"/> Business Corporation Articles of Incorporation <input type="checkbox"/> Limited Liability Company Articles of Organization <input type="checkbox"/> Registration for Limited Liability Partnership <input type="checkbox"/> Certificate of Limited Partnership	

**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)



10. The document, instrument, agreement or other writing selected below, has been approved by the same authorization required to approve the conversion: **CHECK ONE BOX ONLY**

- Partnership Agreement
- Limited Liability Company Agreement
- Articles of Incorporation

11. Date when this Certificate of Conversion will be effective: **CHECK ONE BOX ONLY**

- Date received (Upon filing)
- Later effective date \_\_\_\_\_

*Under penalty of perjury, we declare and affirm that we have examined this Certificate of Conversion, including any accompanying attachments, and that all statements contained herein are true and correct.*

Type or Print Name of Converting Entity

Type or Print Name of Person Signing

Title of Person Signing

Signature

Date

Type or Print Name of Person Signing

Title of Person of Signing

Signature

Date



## 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: