



Instructions for Filing Annual Report for a Limited Liability Company

[Section 7-16-66](#) 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](#). Please include this number on your check and refer to it in any future correspondence or filings with the Business Services Division.
2. List the name of the limited liability company. The entity name can be verified through our [Corporate Database](#). If the entity name has changed, an amendment, form [401](#) or form [451](#), must be filed with this office. [Electronic filing](#) is available.
3. Enter the six digit NAICS code that describes the primary type of business in which the entity engages. Download our [NAICS Code List](#).
4. Provide a brief description of the character of business in which the limited liability company is actually engaged in this state. If the entity is inactive, this section must still be completed.
5. List the state or country of organization.
6. List the address of the principal office of the limited liability company.
7. List the current mailing address and the name or title of a person to whom communications may be directed.
8. If applicable, provide the name(s) and address(es) of the limited liability company's manager(s). If additional space is needed, check the box and include the entity ID number on the attachment. **DO NOT LIST MEMBERS IN THIS SECTION.**
9. The limited liability company's resident agent and resident office is of record in this office and can be found on the entity summary screen in our [Corporate Database](#). If the resident agent and/or address of the resident agent has changed, a Statement of Change of Resident Agent/Resident Office ([Form 642](#)) must be filed, by [paper](#) or [online](#), with this office.
10. 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.

The filing period for this document is September 1 to November 1. Failure to file this report by December 1 will result in a \$25.00 penalty fee.

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 and/or address may result in the revocation of the Certificate of Organization/Registration pursuant to RIGL [7-16-41](#).

Every entity registered with the Rhode Island Department of State - Business Services Division will 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.



STAMP

FOR SECRETARY OF STATE USE ONLY

Annual Report for the year: _____
Limited Liability Company

- Filing period: September 1 - November 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number		2. Exact name of the Limited Liability Company			
3. NAICS Code		4. Brief description of the character of business conducted in Rhode Island			
5. State of Formation					
6. Principal Office Address			City	State	Zip
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name			Contact Title		
Street Address			City	State	Zip
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment					
9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.					
<i>Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.</i>					
Name of Authorized Person				Date	
Signature of Authorized Person					

MAIL TO:
Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov



The Department of State tracks the number of new business filings on a quarterly and an annual basis. We are seeking more information from limited liability companies and hope these three voluntary questions will help us better present useful trends and information on the health of our economy:

Entity ID Number	Name of the Limited Liability Company
1. Does the business owner self-identify as any of the following:	
Woman Veteran Disabled Member of a socially and economically disadvantaged group (i.e., as defined under the US Small Business Administration's 8(a) Program: Black, Hispanic, Native American, Asian Pacific or Subcontinent Asian American)	
2. How many full-time employees does the business have:	
0 1-5 6-50 51-200 201-500 Over 500	
3. What are the gross revenues for the business for the past year:	
\$0-\$50,000 \$51,000-\$250,000 \$251,000-\$500,000 \$501,000-\$1,000,000 Over \$1,000,000	

Please note that all records maintained by or kept on file by the Department of State shall be public records unless exempt from disclosure in accordance with RIGL [38-2 Access to Public Records](#).

MAIL TO:

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