



## Instructions for Filing Limited Liability Company Statement of Change of Resident Office

[Section 7-16-11](#) 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](#). If the entity name has changed an amendment, form [401](#) or form [451](#), must be filed with this office. [Electronic filing](#) is available.
3. List the address of the resident office as **PRESENTLY** shown in the records on file with our office. The entity's resident office can be verified through our [Corporate Database](#).
4. List the address of the **NEW** resident office. A Rhode Island street address is required, **NOT** a P.O. Box. In addition to all legal service of process, other important correspondence from the State will be sent to this address.
5. Check "Date Received" unless you prefer that the Change of Agent go 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.
6. An Authorized Person of the limited liability company **MUST** sign and date the form.

### How to pay the filing fee:

There is no filing fee to record a statement of change of registered office. You can submit your completed statement to 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 filing this report. Failure to file an annual report or maintain a resident agent/office will 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 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.



### Statement of Change of Office

DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

STAMP

FOR SECRETARY OF STATE USE ONLY

Pursuant to the provisions of RIGL [7-16-11](#) the undersigned limited liability company submits the following statement for the purpose of changing its resident office **ONLY** in the State of Rhode



1. Entity ID Number		2. Exact Name of the Limited Liability Company	
3. The address of the resident office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:			
Street Address			
City/Town	State	<b>RHODE ISLAND</b>	Zip
4. The address of the <b>NEW</b> resident office is:			
Street Address ( <u>NOT</u> a P.O. Box)			
City/Town	State	<b>RHODE ISLAND</b>	Zip
5. Date when this Statement of Change of Resident Office 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 Statement of Change of Resident Office by the Limited Liability Company, and that all statements contained herein are true and correct.</i>			
Name of Authorized Person of the Limited Liability Company			Date
Signature of Authorized Person of the Limited Liability Company			

**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)



STAMP

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## 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: