



Instructions for Filing Limited Partnership Statement of Change of Registered Office

[Section 7-13-4](#) 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.

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 partnership. The entity name can be verified through our [Corporate Database](#). If the entity name has changed an amendment, form [301](#) or form [351](#), must be filed with this office. [Electronic filing](#) may be available.
3. List the address of the registered office as **PRESENTLY** shown in the records on file with our office. The entity's registered agent can be verified through our [Corporate Database](#).
4. List the address of the **NEW** registered 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. The Registered Agent/General Partner of the limited partnership **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.

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 "Files" to view and print the record
- Filing rejections can be viewed online, via the [Rejected Filings Viewer](#) on our website.

How to maintain your status:

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 Registered Office

DOMESTIC or FOREIGN Limited Partnership

→ No Filing Fee

STAMP

FOR
SECRETARY OF STATE
USE ONLY

Pursuant to the provisions of RIGL [7-13-4](#) the undersigned partnership submits the following statement for the purpose of changing its specified office or registered agent in the State of Rhode Island:



1. Entity ID Number		2. Exact Name of the Limited Partnership	
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address			
City/Town	State RHODE ISLAND	Zip Code	
4. The address of the NEW registered agent is:			
Street Address (<u>NOT</u> a P.O. Box)			
City/Town	State RHODE ISLAND	Zip Code	
<i>Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Specified Office and/or Registered Agent by the Limited Partnership, and that all statements contained herein are true and correct.</i>			
Name of a General Partner of the Limited Partnership			Date
Signature of General Partner of the Limited Partnership			
SIGN DOCUMENT HERE			

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



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: