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This legal document
should be typed.
All illegible
documents
will be REJECTED.

Instructions for Filing Articles of Organization for a Domestic Limited Liability Company

Section 7-16-6 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.

How to complete the form:

1. State the name of the limited liability company. Your entity name must be distinguishable from any name on file in this office. The name must include "Limited Liability Company," or the letters "L.L.C." with or without punctuation. You may check [name availability](#) on our website; however, this does not ensure the name will still be available upon filing.
2. State the name of the resident agent. The resident agent is an individual or entity that will accept all legal service for this entity. The agent must be a Rhode Island resident or entity qualified to do business in this state. 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.
3. Choose whether your company will be treated as a partnership, a corporation, or disregarded as an entity separate from its member(s) for federal income tax purposes. For more information about these distinctions, visit the [IRS website](#).
4. State the principal address of the limited liability company. If you do not know the address yet, state "not yet determined."
5. All Rhode Island limited liability companies have a perpetual (ongoing) existence until the LLC is formally dissolved with this office. All LLCs are organized to conduct any lawful business unless a more specific purpose or duration is stated in Section 6.
6. State any additional provisions agreed upon by the members that you would like to include in the Articles of Organization. *This is optional.*
7. Check the box to indicate how the limited liability company will be managed. 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, list their names and respective addresses if known. A "Manager" or "Managers" means a person or persons designated by the members of an LLC to manage the limited liability company. A "Member" means a person with an ownership interest in an LLC with the rights and obligations specified in RIGL [7-16](#).
8. Check "Date received" unless you prefer that the Articles 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.
9. An Authorized Person **MUST** sign and date the form.

How to pay the filing fee:

The filing 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, 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 the desired type of filing and click on "PDF" under "View PDF" to view and print the record.

How to maintain your status:

The entity is responsible for filing an annual report each calendar year, excluding the year of incorporation, between February 1 and May 1. A courtesy reminder will be mailed to the registered agent prior to February 1 of each year. Be sure to follow up with your registered agent concerning the filing of this report. Failure to file an annual report or maintain a registered agent/office will result in revocation proceedings.

Every entity registered with the RI 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.

Your entity may also be required to report (and update, if necessary) information about the business and its beneficial owners to the U.S. Department of Treasury's Financial Crimes Enforcement Network (FinCEN). Visit [FinCEN.gov/boi](#) for more information.



Articles of Organization

DOMESTIC Limited Liability Company

→ Filing Fee: \$150.00

STAMP

FOR
 SECRETARY OF STATE
 USE ONLY

Pursuant to the provisions of [RIGL 7-16](#), the following Articles of Organization are adopted for the limited liability company to be organized hereby:



1. The name of the limited liability company is:

2. The name and address of the initial resident agent/office in Rhode Island is:

Agent Name

Street Address (NOT a P.O. Box)

City/Town	State RHODE ISLAND	Zip Code
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3. Under the terms of these Articles of Organization and any written operating agreement made or intended to be made, the limited liability company is intended to be treated for purposes of federal income taxation as (**CHECK ONE BOX**):

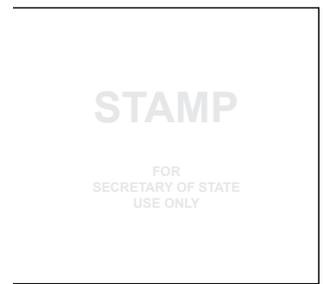
- a disregarded as an entity separate from its member (single member LLC)
- a partnership
- a corporation

4. The address of the principal office of the limited liability company, if it is determined at the time of organization:

Street Address

City/Town	State	Zip Code
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5. The limited liability company has the purpose of engaging in any lawful business, and shall have perpetual existence until dissolved or terminated in accordance with [RIGL 7-16](#), unless a more limited purpose or duration is set forth in Section 6 of these Articles of Organization.



STAMP

FOR
 SECRETARY OF STATE
 USE ONLY

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

6. Additional provisions, if any, not inconsistent with law, which the member(s) elect to have set forth in these Articles of Organization, including, but not limited to, any limitation of the purpose(s) or duration for which the limited liability company is formed, and any other provision which may be included in an operating agreement:

Check this box to indicate attachment

7. The Limited Liability Company is to be managed by its:

You **MUST** check one box:

Members (Owners)
DO NOT complete the chart below.

OR

Manager(s). Complete the chart below.

X	MANAGER(S) NAME	ADDRESS

Check this box to indicate attachment

8. Date when these Articles of Organization will be effective: **CHECK ONE BOX ONLY**

Date received (Upon filing)

Later effective date (Date must be no more than 90 days from the date of filing) _____

Under penalty of perjury, I declare and affirm that I have examined these Articles of Organization, including any accompanying attachments, and that all statements contained herein are true and correct.

Name of Authorized Person	Address	
City/Town	State	Zip Code
Signature of Authorized Person		Date

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.



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:
Proposed Entity Name:		
Street Address:		
City:	State:	Zip Code:
Email Address:		Phone Number: