

Filing Fee: \$10.00

ID Number: 000144171



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**

Office of the Secretary of State  
Corporations Division  
148 W. River Street  
Providence, Rhode Island 02904-2615

**LIMITED PARTNERSHIP**

**CERTIFICATE OF CANCELLATION OF  
CERTIFICATE OF LIMITED PARTNERSHIP**

The undersigned, desiring to cancel the Certificate of Limited Partnership under and by virtue of the power conferred by Section 7-13-10 of the General Laws of Rhode Island, 1956, as amended, hereby execute the following Certificate of Cancellation of the Certificate of Limited Partnership:

1. The name of the limited partnership is:

THE DONNELLY FAMILY LIMITED PARTNERSHIP

2. The date of filing of the Certificate of Limited Partnership is 11/29/2004

3. The reason for filing the Certificate of Cancellation is Creator is deceased 08/25/2011.

The Partnership has no assets nor were any assets transferred to the company since 11/29/2004.

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CORPORATIONS DIV

4. The effective date, if not the date of filing, of the cancellation of the Certificate of Limited Partnership (*must be date certain*) is March 22, 2013

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BY DL 193505

5. Other information as the general partners filing the certificate determine to include herein \_\_\_\_\_

None

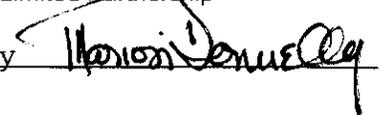
Multiple horizontal lines for additional information.

6. This Certificate of Cancellation is signed by all general partners of the Limited Partnership.

Under penalty of perjury, I/we declare and affirm that I/we have examined this Certificate of Cancellation of Certificate of Limited Partnership and that all statements, including any accompanying attachments, contained herein are true and correct.

Date: March 22, 2012

The Donnelly Family Limited Partnership  
Print Name of Limited Partnership

By Marion Donnelly 

By \_\_\_\_\_

By \_\_\_\_\_

By \_\_\_\_\_

By \_\_\_\_\_



# State of Rhode Island and Providence Plantations

**A. Ralph Mollis**

*Secretary of State*

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island  
and Providence Plantations, hereby certify that this document, duly  
executed in accordance with the provisions of Title 7 of the General Laws  
of Rhode Island, as amended, has been filed in this office on this day:

A handwritten signature in black ink that reads "A. Ralph Mollis".

A. RALPH MOLLIS

*Secretary of State*

