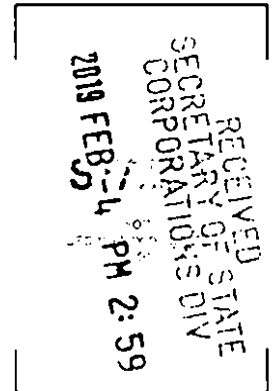




State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**



## Certificate of Cancellation

DOMESTIC Limited Partnership

→ Filing Fee: \$10.00

The undersigned, desiring to cancel the Certificate of Limited Partnership under and by virtue of the power conferred by RIGL 7-13-10, hereby execute the following Certificate of Cancellation of the Certificate of Limited Partnership:

1. Entity ID Number: <b>000092686</b>	2. The name of the limited partnership is: <b>The Wells Farm Limited Partnership No.2</b>
3. The date of filing of the Certificate of Limited Partnership is: <b>December 11, 1996</b>	
4. The reason for filing the Certificate of Cancellation is:  <b>The Limited Partnership has sold its assets and concluded its business.</b>  <div style="text-align: right;">Check the box to indicate an attachment <input type="checkbox"/></div>	
5. Date when the cancellation of the Certificate of Limited Partnership will be effective: <b>CHECK ONLY ONE BOX</b> <input checked="" type="checkbox"/> Date received (Upon filing) <input type="checkbox"/> Effective date (which shall be a date certain) _____	
6. Other information as the general partners filing the certificate determine to include herein:  <b>None</b>  <div style="text-align: right;">Check the box to indicate an attachment <input type="checkbox"/></div>	
7. As required by RIGL 7-13-10 the partnership has paid all fees and taxes. RI Division of Taxation's <b>ORIGINAL</b> letter of good standing (LOGS) for the purpose of cancellation <b>MUST</b> accompany this form.	

**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)

**FILED**  
 FEB 04 2019  
 BY **BOVTS**  
**H.A. 2:59pm.**  
 FORM 302 - Revised: 11/2017

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

Type or Print Name of General Partner

Richard B. Littlefield, General Partner

Date

1/25/13

Signature of General Partner

Richard B. Littlefield

Type or Print Name of General Partner

Date

Signature of General Partner

Type or Print Name of General Partner

Date

Signature of General Partner



STATE OF RHODE ISLAND AND  
PROVIDENCE PLANTATIONS  
DEPARTMENT OF ADMINISTRATION  
DIVISION OF TAXATION  
ONE CAPITOL HILL  
PROVIDENCE, RI 02908

RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIV  
2019 FEB -4 PM 2:59

RICHARD B LITTLEFIELD  
WELLS FARM LIMITED P ARTNERSHIP 2  
12 MAPLE ST  
SHERBORN, MA 01770-1045

I.D.# 92686

## LETTER OF GOOD STANDING

It appears from our records that **WELLS FARM LIMITED P ARTNERSHIP 2** has filed all the required returns due for this letter of good standing and paid all known tax liabilities as of this date. **WELLS FARM LIMITED P ARTNERSHIP 2** is in good standing with the Rhode Island Division of Taxation as of **01/22/2019**. This letter of good standing is expressly conditional and may be based upon unaudited returns, subject to future audit.

This Letter of Good Standing does not cover any violation of chapter 20 of Title 44 that has occurred within the last thirty (30) days and any resulting assessments and/or license suspension which have not yet issued from the Division for such violation(s). Any subsequent application for a license or permit may be denied in accordance with R.I. Gen. Laws § 44-20-4.1.


This letter is issued pursuant to the request of the above-named corporation for the purpose of:

## CANCELLATION

This letter of good standing is valid only for the specific reason listed above and is not valid for any other reason(s).

Very truly yours,

  
CARLITA ANNICELLI  
Supervising Revenue Officer

  
Neena Savage  
Tax Administrator

061470498:14231573  
DLN: 10004469551



State of Rhode Island and Providence Plantations  
**Department of State | Office of the Secretary of State**  
**Nellie M. Gorbea**, *Secretary of State*

I, NELLIE M. GORBEA, 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:

February 04, 2019 02:59 PM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea  
*Secretary of State*

