



State of Rhode Island

Department of State - Business Services Division

RECEIVED
RI DEPT. OF STATE
BUS SVCS DIV
2021 SEP 30 PM 4:08

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: 001704009	2. The name of the limited partnership is: Power Rd Limited Partnership
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3. The date of filing of the Certificate of Limited Partnership is: 01-25-2020
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4. The reason for filing the Certificate of Cancellation is: Due to Covid-19 out of Business
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Check the box to indicate an attachment

5. Date when the cancellation of the Certificate of Limited Partnership will be effective: CHECK ONLY ONE BOX
<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:
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Check the box to indicate an attachment

7. As required by RIGL 7-13-10 the partnership has paid all fees and taxes. RI Division of Taxation's ORIGINAL letter of good standing (LOGS) for the purpose of cancellation MUST 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

FILED *m*
SEP 30 2021
BY CA JRTYN
4:08

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.

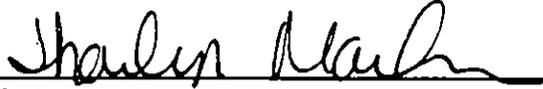
Type or Print Name of General Partner

Sharlyn Martinez

Date

8/16/2021

Signature of General Partner



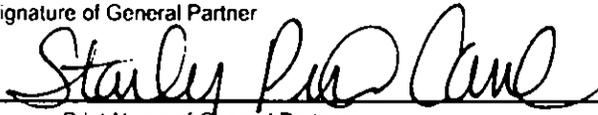
Type or Print Name of General Partner

Stanley Pierre-Canle

Date

8/16/2021

Signature of General Partner



Type or Print Name of General Partner

Date

Signature of General Partner



State of Rhode Island
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,
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:

September 30, 2021 04:08 PM

A handwritten signature in blue ink that reads "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

