

State of Rhode Island Department of State - Business Services Division

REC'D RIDOS 6SD '23 NOV 8 PM 1:39:41

Statement of Dissolution

DOMESTIC Limited Partnership

→ Filing Fee: \$10.00	F-1	
	dissolve the Certificate of Limited Partnership under and by virtue of the 3.1-802, hereby execute the following Statement of Dissolution of the ship:	
1. Entity ID Number:	2. The name of the limited partnership is:	
0000 49 729	Broma Hill Hosociates	
3. The date of filing of the Co	ertificate of Limited Partnership is: 9/03/1985	
4. The partnership is dissolv		
5. Other information as the gen Brown Hill Owr AHURN Hill Associ	neral partners filing the statement determine to include herein: Assoc. last did business in June of 1999. BULY WAS SUPPOSED to dissolve the Bropp where as of that date.	
į	Check the box to indicate an attachr	ment
	t it has no outstanding tax obligations as required by RIGL <u>7-13.1-213</u> , the partnership has pain be verified by emailing tax.collections@tax.ri.gov.]	id all fees
7. Date when the Statement of Date received (Upon fil	Dissolution of Limited Partnership will be effective: CHECK ONLY ONE BOX	·

MAIL TO:

Division of Business Services

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

[] Effective date (which shall be a date certain) _

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED

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BYMIL YHREF

Type or Print Name of General Partner Cliffuro T. Fantelse.		
lantels.		
ngleton - Deceased	Date	
al Partner	Date	
al Partner		