

Department or	State - Business Services Division	0 KIDOS ESD U 14 PM2:02:54
Statement of Disso	lution	98 F. 22
DOMESTIC Limited Par	tnership	350 02:
→ Filing Fee: \$10.00		54
•	dissolve the Certificate of Limited Partnership under and by 13.1-802, hereby execute the following Statement of Dissolu ship:	·
1 Entity ID Number:	2. The name of the limited partnership is	
000177426	Grand Street Capital Partners, RI, LP	
3. The date of filing of the C	ertificate of Limited Partnership is: 8/10/2007	
4. The partnership is dissolv	ved.	
5 Other information as the ger	neral partners filing the statement determine to include herein	
	Chec	ck the box to indicate an attachment
	t it has no outstanding tax obligations as required by RIGL <u>7-13.1-</u> in be verified by emailing tax collections@tax ri gov]	213, the partnership has paid all fees
7. Date when the Statement of	Dissolution of Limited Partnership will be effective. CHECK ONLY	ONE BOX
☐ Date received (Upon fi	ling) 12/31/2022	

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

NOV 1 4 2023

R PY NW

Under penalty of perjury, i/we declare and affirm that i/we have examined this Ce any accompanying attachments, and that all statements contained herein are tru- correct.	
Type or Print Name of General Partner	Date
David Reville	11/7/2023
Signature of General Partner	
Type or Print Name of General Partner	Date
Signature of General Partner	.
Type or Print Name of General Partner	Date
Signature of General Partner	