



State of Rhode Island
Department of State - Business Services Division

Statement of Dissolution
DOMESTIC Limited Partnership

→ Filing Fee: \$10.00

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R.I. DEPT. OF STATE
BUS SVCS DIV

2023 DEC -4 P 12:48

The undersigned, desiring to dissolve the Certificate of Limited Partnership under and by virtue of the power conferred by RIGL 7-13.1-802, hereby execute the following Statement of Dissolution of the Certificate of Limited Partnership:

1. Entity ID Number: <div style="font-family: cursive; font-size: 1.2em;">000049936</div>	2. The name of the limited partnership is: <div style="font-family: cursive; font-size: 1.2em;">NOVIUS VI ASSOCIATES</div>
3. The date of filing of the Certificate of Limited Partnership is: <div style="font-family: cursive; font-size: 1.2em;">10/29/1986</div>	
4. The partnership is dissolved.	
5. Other information as the general partners filing the statement determine to include herein: <div style="text-align: right; font-size: 0.8em;">Check the box to indicate an attachment <input type="checkbox"/></div>	
6. The partnership certifies that it has no outstanding tax obligations as required by RIGL <u>7-13.1-213</u> , the partnership has paid all fees and taxes. [Note: Tax status can be verified by emailing tax.collections@tax.ri.gov .]	
7. Date when the Statement of Dissolution 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) _____	

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 1242

DEC 04 2023
BY S GAVU

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

DEBORAH MALACHOWSKI

Date

12/04/2023

Signature of General Partner

Deborah Malachowski

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

Department of State | Office of the Secretary of State

Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, 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:

December 04, 2023 12:48 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is written in a cursive style.

Gregg M. Amore
Secretary of State

