



DOMESTIC Limited Partnership

→ Filing Fee: \$10.00

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R.I. DEPT. OF STATE
BUS SVCS DIV

2023 DEC 20 P 1:29

1. Entity ID Number: 000157817	2. The name of the limited partnership is: Johnston Surgicare, L.P.
3. The date of filing of the Certificate of Limited Partnership is: 08/09/2006	
4. The partnership is dissolved.	
5. Other information as the general partners filing the statement determine to include herein:	
Check the box to indicate an attachment	
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.nj.gov .]	
7. Date when the Statement of Dissolution of Limited Partnership will be effective. CHECK ONLY ONE BOX	
☒ Date received (Upon filing)	
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
DEC 20 2023
BY ML 16395

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

Ladd Mark as VP of Blackstone Valley Surgicare GP, LLC

Date

12/19/2023

Signature of General Partner

Ladd Mark

Type or Print Name of General Partner

Date

Signature of General Partner

Type or Print Name of General Partner

Date

Signature of General Partner