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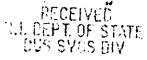
## State of Rhode Island

## **Department of State - Business Services Division**

## **Cancellation of Statement of Qualification**

**DOMESTIC Limited Liability Partnership** 

→Filing Fee: \$50.00



The undersigned, desiring to cancel the Statement of Qualification of Limited Liability Partnership under and by virtue of the power conferred by RIGL 7-12.1-901, hereby executes the following 1: 53 Statement to Cancel the Statement of Qualification of Limited Liability Partnership:

Entity ID Number:	2. The name of the partnership is:	
001683302	BAXTER, DANSEREAU & ASSOCIATES LLP	
3. The date of filing of the S	tatement of Qualification is: 04/09/2018	
4. The Partnership cancels	its Statement of Qualification of Limited Lia	bility Partnership.
5. The Partnership certifies	that it has no outstanding tax obligations. A	As required by RIGL 7-12.1-914, the Partnership has
	te: Tax status can be verified by emailing ta	
✓ Date received (Upon to Later effective date (D)	filing) Pate must be no more than 90 days from the	e date of filing)
	I declare and affirm that I have examined to , and that all statements contained herein a	his Statement of Cancellation, including any are true and correct.
Type or Print Name of Authoriz	ed Person	
PAUL DANSEREAU		
Signature of Authorized Person	1	Date
AM	 Aldla1 /	02/09/2024

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 1:53

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BY WYRZD

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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:

February 14, 2024 01:53 PM

Gregg M. Amore Secretary of State

Tregs M. Coure

