



State of Rhode Island
Department of State - Business Services Division



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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 Statement to Cancel the Statement of Qualification of Limited Liability Partnership:

1. Entity ID Number: 001683302	2. The name of the partnership is: BAXTER, DANSEREAU & ASSOCIATES LLP
3. The date of filing of the Statement of Qualification is 04/09/2018	
4. The Partnership cancels its Statement of Qualification of Limited Liability Partnership.	
5. The Partnership certifies that it has no outstanding tax obligations. As required by RIGL 7-12.1-914, the Partnership has paid all fees and taxes. [Note: Tax status can be verified by emailing tax.collections@tax.ri.gov]	
6. Date when this Statement of Cancellation will be effective CHECK ONE BOX ONLY <input checked="" type="checkbox"/> Date received (Upon filing) <input type="checkbox"/> Later effective date (Date must be no more than 90 days from the date of filing) _____	
7. Under penalty of perjury, I declare and affirm that I have examined this Statement of Cancellation, including any accompanying attachments, and that all statements contained herein are true and correct.	
Type or Print Name of Authorized Person PAUL DANSEREAU	
Signature of Authorized Person 	Date 02/09/2024

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
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