



State of Rhode Island  
 Department of State - Business Services Division

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 BUSINESS SERVICES

**Withdrawal of Statement of Qualification**

FOREIGN Limited Liability Partnership

2024 FEB 20 P 2:14

→ Filing Fee: \$50.00

The undersigned, desiring to withdraw the Statement of Registration of a Limited Liability Partnership under and by virtue of the power conferred by RIGL 7-12.1-1013, hereby executes the following Statement to Withdraw the Statement of Registration of a Limited Liability Partnership:

1. Entity ID Number: <b>001722569</b>		2. The name of the partnership is: <b>ALDRICH CPAS AND ADVISORS LLP</b>	
3. The date of filing of the Statement of Registration is: <b>04-20-2021</b>			
4. The Partnership is not doing business in this state and withdraws its registration to do business in the State of Rhode Island.			
5. The Partnership revokes the authority of its agent to accept service of process and consents that service of process in any action, suit or proceeding arising out of the transaction of business in the State of Rhode Island may thereafter be made on the Partnership by service thereof on the Department of State of the State of Rhode Island.			
6. The post office address to which the Department of State may mail a copy of any process against the Partnership that may be served on the RI Department of State is:			
Street Address: <b>680 HAWTHORNE AVENUE SE, SUITE 140, ATTN: LEGAL TEAM</b>			
City/Town: <b>SALEM</b>		State: <b>OR</b>	Zip Code: <b>97301-0041</b>
7. 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]			
8. Date when this Statement of Withdrawal will be effective: <b>CHECK ONE BOX ONLY</b>			
<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) _____			
9. Under penalty of perjury, I declare and affirm that I have examined this Statement of Withdrawal, including any accompanying attachments, and that all statements contained herein are true and correct.			
Type or Print Name of Authorized Person <b>KIMBERLY B. MARTIN</b>			
Signature of Authorized Person 		Date <b>2-15-2024</b>	

**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**  
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 BY HWMGY  
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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:

February 20, 2024 02:14 PM

A handwritten signature in black ink that reads "Gregg M. Amore".

Gregg M. Amore  
*Secretary of State*

