



State of Rhode Island
Department of State - Business Services Division

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Statement of Dissolution
DOMESTIC Limited Partnership


→ Filing Fee: \$10.00

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: 001657858	2. The name of the limited partnership is: Spark Master Fund, L.P.
3. The date of filing of the Certificate of Limited Partnership is: 11/02/2015	
4. The partnership is dissolved.	
5. Other information as the general partners filing the statement determine to include herein: <div>Check the box to indicate an attachment</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) 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 11802
STAMP
MAR 18 2024
BY PQXHM

<i>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.</i>	
Type or Print Name of General Partner Spark Partners, LLC	Date 2/7/2024
Signature of General Partner <div><div>DocuSigned by:</div><div> 063D95FD015F45C...</div></div>	
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:

March 18, 2024 01:18 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

