State of Rhode Island
Department of State - Business Services Division

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FOR SECRETARY OF STATE USE ONLY

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:	2. The name of the limited partnership is:
000135465	Spardig Associates I L.P.

3. The date of filing of the Certificate of Limited Partnership is 10/23/2003

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 7-13.1-213, 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

☑ Date received (Upon filing)

☐ Effective date (which shall be a date certain) _____

CMB

FILED

APR 30 2024

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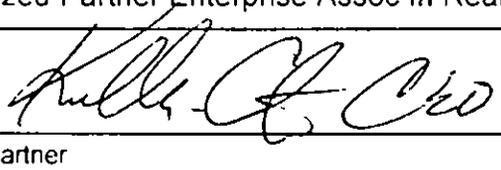
BY 21637

2:28 pm

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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	Date
Kelly Coates, CEO/Authorized Partner Enterprise Assoc In Real Estate	04/19/2024
Signature of General Partner 	
Type or Print Name of General Partner	Date
Signature of General Partner	
Type or Print Name of General Partner	Date
Signature of General Partner	