



State of Rhode Island
Department of State - Business Services Division

REC'D RIDOS BSD
24 MAY 29 PM 12:54:42

Certificate of Cancellation for Nonresident Landlord

→ No Filing Fee

The undersigned landlord(s), who is not a resident of Rhode Island, submits the following cancellation:

1. Entity ID Number: 000506455		2. The name(s) of the nonresident landlord(s) is: Oklahoma Newport Limited Partnership	
3. The date of the nonresident landlord's registration is: 04-28-2009			
4. The address of the nonresident landlord is:			
Street Address 67 Hunt Street, Suite 206			
City/Town Agawam	State MA	Zip Code 01001	
5. The name and address of the registered agent/office in Rhode Island is:			
Agent Name CT CORPORATION SYSTEM			
Street Address (NOT a P.O. Box) 450 VETERANS MEMORIAL PARKWAY, SUITE 7A			
City/Town EAST PROVIDENCE	State RHODE ISLAND	Zip Code 02914	
6. The nonresident landlord(s) no longer holds property in the State of Rhode subject to the provisions of RIGL 34-18-22.3 and hereby cancels this registration. The cancellation revokes the authority of the nonresident landlord's registered agent to accept service of process.			

MS
FILED 1254
MAY 29 2024
BY _____

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 the penalty of perjury, I/we declare and affirm that I/we have examined this Certificate of Cancellation for Nonresident Landlord, including any accompanying attachments, and that all statements contained herein are true and correct.

Type or Print Name of Landlord

Oklahoma Newport Limited Partnership

Date

May 28, 2024

Signature of Landlord



By Nepsa Property Investors, Inc., Its General Partner
By Andrea McRitchie, Its Vice President

Type or Print Name of Landlord

Date

Signature of Landlord

****RIGL 34-18-22.3** requires a designation of agent to also be filed with the clerk of the city or town where the designated property is located. Contact the city or town clerk's office to obtain filing instructions.

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.

FORM 659 - Revised: 6/2023



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:

May 29, 2024 12:54 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is fluid and cursive, with the first letters of each word being capitalized and prominent.

Gregg M. Amore
Secretary of State

