



State of Rhode Island
Department of State - Business Services Division

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SECRETARY OF STATE
CORPORATIONS DIV

2024 JUL 15 PM 1:23

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: 000056169	2. The name of the limited partnership is: MONTANA ROAD LIMITED PARTNERSHIP
3. The date of filing of the Certificate of Limited Partnership is: 6/1/1989	
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 <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 ☒ 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

AUG 8 2024

BY NTG DR



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:

August 08, 2024 10:47 AM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is written in a cursive style.

Gregg M. Amore
Secretary of State

