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State of Rhode Island
Department of State - Business Services Division

Certificate of Cancellation

FOREIGN Limited Partnership

→ Filing Fee: $25.00

Pursuant to the provisions of RIGL 7-13-53, the undersigned foreign limited partnership hereby submits the following Certificate of Cancellation of its registration to transact business in the state of Rhode Island:

1. Entity ID Number:	2. The name of the limited partnership is:
000097155	Municipal Tax Administration Associates, Ltd.

3a. List the date the Certificate of Registration was issued by the Rhode Island Department of State: 8/20/1997

3b. List the name the partnership was authorized to transact business in Rhode Island:

Municipal Tax Administration Associates, Limited Partnership

4. The limited partnership is organized under the laws of: State of Pennsylvania

5. It 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 limited partnership by service thereof on the Department of State of the State of Rhode Island.

6. The Department of State will receive future service of process for the limited partnership regarding the transaction of business in Rhode Island.

7. The post office address to which the Department of State may mail a copy of any process against the limited partnership that may be served on the Department of State is:

c/o MBIA, 1 Manhattanville Road, Suite 301, Purchase, NY 10577 Attn: Megan Korson

8. As required by RIGL 7-13-53, the entity has paid all fees and franchise taxes. RI Division of Taxation's **ORIGINAL** letter of good standing (LOGS) for the purpose of dissolution **MUST** accompany this form.

Under penalty of perjury, I declare and affirm that I have examined this Certificate of Cancellation of Certificate of Registration, including any accompanying attachments, and that all statements contained herein are true and correct.

Type or Print Name of the General Partner	Date
Gary Saunders	2/28/2024

Signature of the General Partner

FILED
AUG 13 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

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 13, 2024 02:06 PM

Gregg M. Amore
Secretary of State