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## State of Rhode Island Department of State - Business Services Division



## **Cancellation of Statement of Qualification**

**DOMESTIC Limited Liability Partnership** 

→ Filing Fee: \$50.00

2824 DEC 12 PH; 1: 58,P

The undersigned, desiring to cancel the Statement of Qualification of Limited Liability Partnership under and by virtue of the power conferred by RIGL <u>7-12,1-901</u>, hereby executes the following Statement to Cancel the Statement of Qualification of Limited Liability Partnership:

Entity ID Number:	The name of the partnership is:	
001669777	Piccerelli, Gilstein & Company, LLP	
3. The date of filing of the Statem	nent of Qualification is: December 24	4, 2024
4. The Partnership cancels its Sta	atement of Qualification of Limited Liab	pility Partnership.
5. The Partnership certifies that i	it has no outstanding tax obligations. A	is required by RIGL 7-12,1-914, the Partnership has
paid all fees and taxes. [Note: Tax status can be verified by emailing tax.collections@tax.ri.gov]		
Date received (Upon filing)	ancellation will be effective: CHECK C	Docombor 26 2024
	lare and affirm that I have examined th that all statements contained herein a	nis Statement of Cancellation, including any re true and correct.
Type or Print Name of Authorized Pe	rson	
Michael M. Tikoian	1	
Signature of Authorized Person	7/	Date
Mulotin M	- PANTHIM	12/10/2024

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

**Phone:** (401) 222-3040 **Website:** www.sos.ri.gov

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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:

December 12, 2024 01:58 PM

Gregg M. Amore Secretary of State

Tregs M. Coure

