



State of Rhode Island  
Department of State - Business Services Division

## Certificate of Cancellation

FOREIGN Limited Liability Company

→ Filing Fee: \$75.00

RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIV.  
2024 DEC 19 AM 11:28

Pursuant to the provisions of RIGL 7-16-53, the undersigned foreign limited liability company hereby cancels its registration to transact business in the State of Rhode Island, and for that purpose submits the following statement:

1. Entity ID Number: <b>001782646</b>	2. The name of the limited liability company is: <b>Stonington Veterinary Group, PLLC</b>
3. It is organized under the laws of: <b>Connecticut</b>	
4. The entity is not transacting business in this state and surrenders its authority to transact business in this state.	
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 liability company by service thereof on the Department of State of the State of Rhode Island.	
6. The post office address to which the Department of State may mail a copy of any process against the limited liability company that may be served on him or her is: <b>785 Stonington Road, Stonington, CT 06378</b>	
7. The limited liability company certifies that it has no outstanding tax obligations. As required by <u>RIGL 7-16-8</u> , the limited liability has paid all fees and taxes. [Note: tax status can be verified by emailing <a href="mailto:tax.collections@tax.ri.gov">tax.collections@tax.ri.gov</a> .]	
8. Date when the Cancellation will be effective: <b>CHECK ONE BOX ONLY</b>	
<input checked="" type="checkbox"/> Date received (Upon filing) <input type="checkbox"/> Later effective date (Date must be no more than 90 days from the date of filing) _____	
Under penalty of perjury, I declare and affirm that I have examined this Certificate of Cancellation of Registration and that all statements contained herein are true and correct.	
Type or Print Name of Authorized Person <b>Sonya Swinamer</b>	Date <b>12/17/2024</b>
Signature of Authorized Person 	

### MAIL TO:

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

**FILED**

DEC 19 2024  
BY **X852H**  
**AA 11:28 AM**

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](mailto:corporations@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:

December 19, 2024 11:28 AM

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

Gregg M. Amore  
*Secretary of State*

