RI SOS Filing Number: 202461852460 Date: 12/27/2024 11:10:00 AM

The undersigned, desiring to dissolve the Certificate of Limited Partnership under and by virtue of the



State of Rhode Island

Department of State - Business Services Division

## **Statement of Dissolution**

**DOMESTIC Limited Partnership** 

→ Filing Fee: \$10.00



MAIL TO:

Division of Business Services

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

Effective date (which shall be a date certain)

Phone: (401) 222-3040 Website: www.sos.ri.gov STAMP
DEC 27 2024
BY OM L

FORM -302 Revised, 12/2023

Under penalty of perjury, I/we declare and affirm that I/we have examined this Certificate of Cancellation of Certificate of Limited Partnership, including any accompanying attachments, and that all statements contained herein are true and correct.	
Type or Print Name of General Partner	Date
Carl H. Slusarczyk, Jr., Trustee of the Revocable Trust of Carl H. Slusarczyk, Jr. 2020	1226,24
Signature of General Partner	
Type or Print Name of General Partner	Date
Signature of General Partner	
Type or Print Name of General Partner	Date
Signature of General Partner	

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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 27, 2024 11:10 AM

Gregg M. Amore Secretary of State

Tregs M. Coure

