RI SOS Filing Number: 202565661760 Date: 2/25/2025 12:13:00 PM



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

Certificate of Cancellation

FOREIGN Limited Liability Company

→ Filing Fee: \$75.00

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Pursuant to the provisions of RIGL 7-16-53, the undersigned foreign limited liability company

•	ransact business in the State of Rhode Island, and for that ement:				
1. Entity ID Number:	The name of the limited liability company is:				
001690423	River Lofts at Ashton Mill LLC				
3. It is organized under the laws of: Delaware					
4. The entity is not transacting bu	siness in this state and surrenders its authority to transact busin	ness in this state.			
or proceeding arising out of the tr	gent, to accept service of process and consents that service of process are consents to the service of process and consents that service of process are consents to the service of process and consents the service of process and consents that service of process are consents to the service of process and consents the service of process are consents to the service of process and consents the service of process are consents to the service of process and consents the service of process are consents to the service of process are consents to the service of process and consents the service of process are consents to the service of process are consent				
 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: Public Square, Suite 3200, Cleveland, Ohio 44114 					
7. The limited liability company certifies that it has no outstanding tax obligations. As required by RIGL 7-16-8, the limited liability has paid all fees and taxes. [Note: tax status can be verified by emailing tax.collections@tax.ri.gov.] 8. Date when the Cancellation will be effective: CHECK ONE BOX ONLY					
Date received (Upon filing) 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	Da	ite			
Ketan Patel	2/	/24/2025			
Signature of Authorized Person	Tetan Patel				

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FEB 25 2025

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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:

February 25, 2025 12:13 PM

Gregg M. Amore Secretary of State

Tregs M. Coure

