State of Rhode Island
Department of State - Business Services Division

Statement of Dissolution

DOMESTIC Limited Partnership

→ Filing Fee: $10.00

2025 MAR -4 A11:04
SECRETARY OF STATE
RECEIVED

The undersigned, desiring to dissolve the Certificate of Limited Partnership under and by virtue of the power conferred by RIGL 7-13.1-802, hereby execute the following Statement of Dissolution of the Certificate of Limited Partnership:

1. Entity ID Number:	2. The name of the limited partnership is
000067576	VMA Group Properties II, L.P.

3. The date of filing of the Certificate of Limited Partnership is: December 23, 1991

4. The partnership is dissolved.

5. Other information as the general partners filing the statement determine to include herein:

None.

Check the box to indicate an attachment ☐

6. The partnership certifies that it has no outstanding tax obligations as required by RIGL 7-13.1-213, the partnership has paid all fees and taxes. [Note: Tax status can be verified by emailing tax.collections@tax.ri.gov.]

7. Date when the Statement of Dissolution of Limited Partnership will be effective: CHECK ONLY ONE BOX

☑ Date received (Upon filing)

☐ Effective date (which shall be a date certain) _____

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

FILED
STAMP
MAR 04 2025
BY ABKDC
AA.11.04AM

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 Victor M. Andrade	Date 2/20/25
Signature of General Partner Victor M Andrade	
Type or Print Name of General Partner	Date
Signature of General Partner	
Type or Print Name of General Partner	Date
Signature of General Partner	

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:

March 04, 2025 11:04 AM

Gregg M. Amore
Secretary of State