

State of Rhode Island

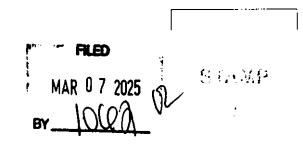
Department of State - Business Services Division

Annual Report for the year: Partnership (LP, LLP, LLLP)

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.



1. Entity ID Number	2. Exact Name	2. Exact Name of the Partnership				
000115885	THE JOHI	THE JOHN T. COONEY FAMILY LIMITED PARTNERSHIP				
3. NAICS Code	4. Brief descrip	Brief description of the character of business conducted in Rhode Island				
531110						
5. State of Formation	Acquire such interests in real or personal property.					
RI						
6. Principal Office Address			City	State	Zip	
1000 Chapel View Boul	20	Cranston	RI	02920		
7. The name and business ac LP and LLLP only: an amendmen	dress of each gen	eral partner or or rd a change in gen	ne or more partner(s): peral partner(s) - use For	m 301 (domestic) or Form 3	51 (foreign).	
PARTNER		BUSINESS ADDRESS				
John T. Cooney, Trustee		515 Arapahoe Avenue, Boulder, CO 80302-5826				
Wendy E. Cooney, Trustee		515 Arapahoe Avenue, Boulder, CO 80302-5826				
			"			
				· · ·	•	
8. Under penalty of perjury, I of and correct.	declare and affirm	that I have exam	ined this report, and t	hat all statements contain	ed herein are true	
Name of General Partner or	Authorized Repre	esentative	_	Date 2/11	ne	
John T. Cooney				1 3/4/6		
Signature of General Partne	er or Authorized R	epresentative	Mma	com		
	Dissolved	3/4/2	025	STAMI		
MAIL TO: Division of Business Services		. /			İ	
148 W. River Street, Providence		04-2615				

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