



State of Rhode Island  
Department of State - Business Services Division

**Statement of Dissolution**  
**DOMESTIC Limited Partnership**

→ Filing Fee: \$10.00 ✓

RECEIVED  
R.I. DEPT. OF STATE  
BUS SVCS DIV

**STAMP**

FOR  
SECRETARY OF STATE  
USE ONLY

2025 APR 24 P 2:24

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: <b>00015885</b>	2. The name of the limited partnership is: <b>The John T. Carey Family Limited Partnership</b>
3. The date of filing of the Certificate of Limited Partnership is: <b>12/20/2020</b>	
4. The partnership is dissolved.	
5. Other information as the general partners filing the statement determine to include herein:  <b>None</b>	
Check the box to indicate an attachment <input type="checkbox"/>	
6. The partnership certifies that it has no outstanding tax obligations as required by RIGL <u>7-13.1-213</u> , the partnership 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> .]	
7. Date when the Statement of Dissolution of Limited Partnership will be effective: CHECK ONLY ONE BOX <input checked="" type="checkbox"/> Date received (Upon filing) <input type="checkbox"/> 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](http://www.sos.ri.gov)

**FILED STAMP**

APR 24 2025

BY **DWYGE**

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.

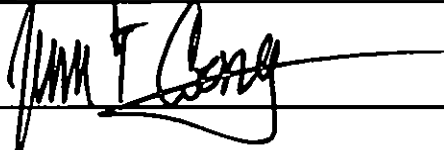
Type or Print Name of General Partner

Date

John T Cooney

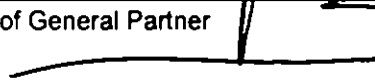
4/19/25

Signature of General Partner



Type or Print Name of General Partner

Date



4/19/25

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:

April 24, 2025 02:24 PM

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

Gregg M. Amore  
*Secretary of State*

