



State of Rhode Island  
Department of State - Business Services Division

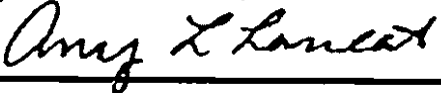
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## Certificate of Cancellation

FOREIGN Limited Liability Company

→ Filing Fee: \$75.00

Pursuant to the provisions of RIGL 7-16-53, the undersigned foreign limited liability company hereby cancels its registration to transact business in the State of Rhode Island, and for that purpose submits the following statement:

|                                                                                                                                                                                                                                                                                                                                                            |                                                                                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| 1. Entity ID Number:<br><b>000894306</b>                                                                                                                                                                                                                                                                                                                   | 2. The name of the limited liability company is:<br><b>HIT TRS PROVIDENCE, LLC</b> |
| 3. It is organized under the laws of: <b>DELAWARE</b>                                                                                                                                                                                                                                                                                                      |                                                                                    |
| 4. The entity is not transacting business in this state and surrenders its authority to transact business in this state.                                                                                                                                                                                                                                   |                                                                                    |
| 5. It revokes the authority of its agent, to accept service of process and consents that service of process in any action, suit or proceeding arising out of the transaction of business in the state of Rhode Island, may thereafter be made on the limited liability company by service thereof on the Department of State of the State of Rhode Island. |                                                                                    |
| 6. 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:<br><br><b>11325 Random Hills Rd., Suite 360, Fairfax, VA 22030</b>                                                                                                                   |                                                                                    |
| 7. The limited liability company certifies that it has no outstanding tax obligations. As required by <u>RIGL 7-16-8</u> , the limited liability 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> .]                                                  |                                                                                    |
| 8. Date when the Cancellation will be effective: <b>CHECK ONE BOX ONLY</b>                                                                                                                                                                                                                                                                                 |                                                                                    |
| <input checked="" type="checkbox"/> Date received (Upon filing)<br><input type="checkbox"/> 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<br><b>Amy Lancaster, Authorized Person</b>                                                                                                                                                                                                                                                                         | Date<br><b>8/6/2025</b>                                                            |
| Signature of Authorized Person<br>                                                                                                                                                                                                                                      |                                                                                    |

### 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**  
AUG 08 2025  
BY **DG92P**

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email [corporations@sos.ri.gov](mailto:corporations@sos.ri.gov).



STATE OF RHODE ISLAND  
DEPARTMENT OF ADMINISTRATION  
DIVISION OF TAXATION  
ONE CAPITOL HILL  
PROVIDENCE, RI 02908

HIT TRS PROVIDENCE LLC  
ATTN: DANIEL JOHNSON  
11325 RANDOM HILLS RD STE 360  
FAIRFAX, VA 22030-0972

## LETTER OF GOOD STANDING

It appears from our records that **HIT TRS Providence, LLC** has filed all the required returns due for this letter of good standing and paid all known tax liabilities as of this date. **HIT TRS Providence, LLC** is in good standing with the Rhode Island Division of Taxation as of **07/22/2025**. This letter of good standing is expressly conditional and may be based upon unaudited returns, subject to future audit.

This Letter of Good Standing does not cover any violation of chapter 20 of Title 44 that has occurred within the last thirty (30) days and any resulting assessments and/or license suspension which have not yet issued from the Division for such violation(s). Any subsequent application for a license or permit may be denied in accordance with R.I. Gen. Laws § 44-20-4.1.

This letter is issued pursuant to the request of the above named corporation for the purpose of:

## CANCELLATION

This letter of good standing is valid only for the specific reason listed above and is not valid for any other reason(s).

Very truly yours,

Handwritten signature of Danny Pacheco in black ink.

DANNY PACHECO  
Supervising Revenue Officer

Handwritten signature of Neena Savage in black ink.

Neena Savage  
Tax Administrator

464525107:23691033  
DLN: 10019800021



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:

August 08, 2025 12:16 PM

A handwritten signature in black ink that reads "Gregg M. Amore".

Gregg M. Amore  
*Secretary of State*

