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

2025 AUG 25 P 1: 35

Statement of Dissolution

DOMESTIC Limited Partnership

→ Filing Fee: \$10.00

power conferred by RIGI Certificate of Limited Par	
1. Entity ID Number:	2. The name of the l'mited partnership is:
000307350	700 Hartford Avenue Limited Partnership
3. The date of filing of the	ne Certificate of Limited Partnership is: 2/7/2008
4. The partnership is dis	ssolved.
	Chock the box to indicate an attachment
The partnership certifies and taxes. [Note: Tax stat.]	that it has no outstanding tax obligations as required by RIGL <u>7-13,1-213</u> , the partnership has paid a lifees is can be verified by emailing tax.collections@tax ri.gov.}
7. Date when the Statemen	nt of Dissolution of Limited Partnersnip will be effective: CHECK ONLY ONE BOX
☑ Date received (Upo	on filing)
Effective date (which	ch shall be a date certain)

The undersigned, desiring to dissolve the Cortificate of Limited Partnership under and by virtue of the

FILED

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov AUG 25 2025 BY 7CNO3

FORM 302 Revised: 12/2023

of Contificate of Limited Portnership, Including
Date
8/18/25
Date
Date