

Filing Fee: \$10.00

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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615

2007 SEP -5 AM 11:12
OFFICE OF THE SECRETARY OF STATE
CORPORATIONS DIVISION

LIMITED PARTNERSHIP

**CERTIFICATE OF CANCELLATION OF
CERTIFICATE OF LIMITED PARTNERSHIP**

The undersigned, desiring to cancel the Certificate of Limited Partnership under and by virtue of the power conferred by Section 7-13-10 of the General Laws of Rhode Island, 1956, as amended, hereby execute the following Certificate of Cancellation of the Certificate of Limited Partnership:

1. The name of the limited partnership is:
THE SACCOCCIO FAMILY LIMITED PARTNERSHIP

2. The date of filing of the Certificate of Limited Partnership is **November 13, 2003**

3. The reason for filing the Certificate of Cancellation is
Partnership business concluded; all liabilities and obligations satisfied and assets distributed to the partners in accordance with the written operating agreement

4. The effective date, if not the date of filing, of the cancellation of the Certificate of Limited Partnership (*must be date certain*) is **IMMEDIATELY UPON FILING**

FILED

SEP 05 2007

By 034068 11:12

5. Other information as the general partners filing the certificate determine to include herein _____

6. This Certificate of Cancellation is signed by all general partners of the Limited Partnership.

Under penalty of perjury, I/we declare and affirm that I/we have examined this Certificate of Cancellation of Certificate of Limited Partnership and that all statements, including any accompanying attachments, contained herein are true and correct.

Date: August 31, 2007

THE SACCOCCIO FAMILY LIMITED PARTNERSHIP

Print Name of Limited Partnership

By *Robert L. Saccoccio*
Robert L. Saccoccio, GP

By *Thomas P. Saccoccio, trustee*
Thomas P. Saccoccio, trustee u/d/d 6/25/1993-GP

By _____

By _____

By _____



State of Rhode Island and Providence Plantations

A. Ralph Mollis

Secretary of State

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island
and Providence Plantations, 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:

A handwritten signature in black ink that reads "A. Ralph Mollis".

A. RALPH MOLLIS

Secretary of State

