

Filing Fee: \$10.00

ID Number: 000049672



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

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

LIMITED PARTNERSHIP

CERTIFICATE OF CANCELLATION OF
CERTIFICATE OF LIMITED PARTNERSHIP

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2011 SEP 21 PM 12:41

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 executes the following Certificate of Cancellation of the Certificate of Limited Partnership:

1. The name of the limited partnership is:
Flect Center Associates

2. The date of filing of the Certificate of Limited Partnership is December 30, 1982

3. The reason for filing the Certificate of Cancellation is
The Partnership has been dissolved and the winding up of the Partnership has been completed.

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

Form No. 302
Revised: 12/05

12:41
FILED
SEP 21 2011
By [Signature] 152497

5. Other information as the general partners filing the certificate determine to include herein \_\_\_\_\_  
\_\_\_\_\_  
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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: 9/20/11

Fleet Center Associates  
Print Name of Limited Partnership  
By [Signature]  
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*

