

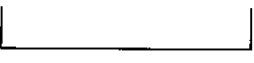


Certificate of Cancellation

DOMESTIC Limited Partnership

→ Filing Fee: \$10.00

The undersigned, desiring to cancel the Certificate of Limited Partnership under and by virtue of the power conferred by RIGL 7-13-10, hereby execute the following Certificate of Cancellation of the Certificate of Limited Partnership:



1. Entity ID Number: 000271294	2. The name of the limited partnership is: Five Star Family Limited Partnership
3. The date of filing of the Certificate of Limited Partnership is: 10/25/2007	
4. The reason for filing the Certificate of Cancellation is: All partners of the Five Star Family, LP have discussed and agreed upon the dissolution of the LP. All accounts for the LP have been closed and there will be no further business conducted as of 12/15/16.	
Check the box to indicate an attachment. <input type="checkbox"/>	
5. Date when the cancellation of the Certificate 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) _____	
6. Other information as the general partners filing the certificate determine to include herein:	
Check the box to indicate an attachment. <input type="checkbox"/>	
7. As required by RIGL <u>7-13-10</u> the partnership has paid all fees and taxes. RI Division of Taxation's ORIGINAL letter of good standing (LOGS) for the purpose of cancellation MUST accompany this form.	

RECEIVED
 RI DEPT OF STATE
 BUS SVCS DIV
 2007 FEB 10 AM 11:17

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FILED

FEB 10 2007 11:17
 By 295432

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.

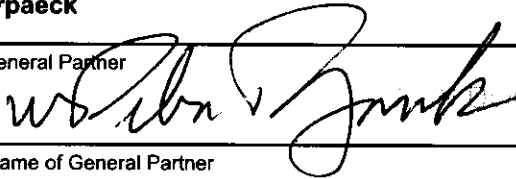
Type or Print Name of General Partner

W. Peter Tirpaeck

Date

1-30-17

Signature of General Partner



Type or Print Name of General Partner

Margaret Tirpaeck

Date

1-30-17

Signature of General Partner



Type or Print Name of General Partner

Date

Signature of General Partner



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

271294

W. PETER TIRPAECK
FIVE STAR FAMILY LIMITED PARTNERSHIP
118 SAKONNET POINT RD
LITTLE COMPTON, RI 02837

LETTER OF GOOD STANDING

It appears from our records that **FIVE STAR FAMILY LIMITED PARTNERSHIP** has filed all the required returns due for this letter of good standing and paid all known tax liabilities as of this date. **FIVE STAR FAMILY LIMITED PARTNERSHIP** is in good standing with the Rhode Island Division of Taxation as of **01/18/2017**. 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,

Neena Savage
Acting Tax Administrator

Cheri O'Connor
Supervising Revenue Officer
Compliance and Collections

261385920:11895832
DLN: 2779109001

RECEIVED
RI DEPT OF STA
BUS STAFF
2017 FEB 10 AM 11 17



State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, 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 blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive, written in a professional style.

Nellie M. Gorbea
Secretary of State

