



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

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 R.I. DEPT. OF STATE  
 BUS. SVCS. DIV.  
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**Certificate of Cancellation**

FOREIGN Limited Partnership

→ Filing Fee: \$25.00

Pursuant to the provisions of RIGL 7-13-53, the undersigned foreign limited partnership hereby submits the following Certificate of Cancellation of its registration to transact business in the state of Rhode Island:

1. Entity ID Number: <b>000088118</b>	2. The name of the limited partnership is: <b>Chimney Hill Associates</b>
3a. List the date the Certificate of Registration was issued by the Rhode Island Department of State: <b>02/06/1996</b>	
3b. List the name the partnership was authorized to transact business in Rhode Island: <b>Chimney Hill Associates</b>	
4. The limited partnership is organized under the laws of: <b>MASSACHUSETTS</b>	
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 partnership by service thereof on the Department of State of the State of Rhode Island.	
6. The Department of State will receive future service of process for the limited partnership regarding the transaction of business in Rhode Island.	
7. The post office address to which the Department of State may mail a copy of any process against the limited partnership that may be served on the Department of State is: <b>536 Granite Street, Braintree, MA 02184</b>	
8. As required by RIGL 7-16-8, the entity has paid all fees and franchise taxes. RI Division of Taxation's ORIGINAL letter of good standing (LOGS) for the purpose of dissolution <b>MUST</b> accompany this form.	
<i>Under penalty of perjury, I declare and affirm that I have examined this Certificate of Cancellation of Certificate of Registration, including any accompanying attachments, and that all statements contained herein are true and correct.</i>	
Type or Print Name of the General Partner <b>EAF ASSOCIATES INC.</b>	Date <b>11/6/18</b>
Signature of the General Partner SIGN DOCUMENT HERE <b>James J. Sullivan III, President of EAF ASSOCIATES INC.</b>	

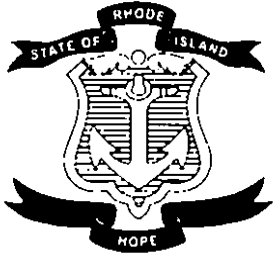
**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

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BY Ch 821AC

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.



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

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CT CORPORATION SYSTEM  
 450 VETERANS MEMORIAL PKWY STE 7A  
 EAST PROVIDENCE, RI 02914-5315

## LETTER OF GOOD STANDING

It appears from our records that **CHIMNEY HILL ASSOCIATES 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. **CHIMNEY HILL ASSOCIATES LIMITED PARTNERSHIP** is in good standing with the Rhode Island Division of Taxation as of **10/24/2018**. This letter of good standing is expressly conditional and may be based upon unaudited returns, subject to future audit.

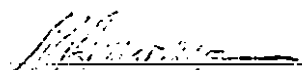
This Letter of Good Standing does not cover any violation of chapter 20 of Title 44 that has occurred within the last thirty (30) days and any resulting assessments and/or license suspension which have not yet issued from the Division for such violation(s). Any subsequent application for a license or 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  
 Tax Administrator

  
 \_\_\_\_\_  
 Carlita Annicelli  
 Supervising Revenue Officer  
 Compliance and Collections

042616630:13459620  
 DLN: 10003410693

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BY CA 821AC



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:

November 07, 2018 02:25 PM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive.

Nellie M. Gorbea  
*Secretary of State*

