



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

Certificate of Cancellation
 FOREIGN Limited Liability Company

→ Filing Fee: \$75.00

RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV
 2020 FEB 20 P 12 02

Pursuant to the provisions of RIGL 7-16-53, the undersigned foreign limited liability company hereby cancels its registration to transact business in the State of Rhode Island, and for that purpose submits the following statement:

1. Entity ID Number: <p style="text-align: center; font-weight: bold; font-size: 1.2em;">000792543</p>	2. The name of the limited liability company is: <p style="text-align: center; font-weight: bold; font-size: 1.2em;">KUHANA ASSOCIATES, LLC</p>
3. It is organized under the laws of: <p style="text-align: center; font-weight: bold; font-size: 1.2em;">Hawaii</p>	
4. The entity is not transacting business in this state and surrenders its authority to transact business in this state.	
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 liability company by service thereof on the Department of State of the State of Rhode Island.	
6. The post office address to which the Department of State may mail a copy of any process against the limited liability company that may be served on him or her is: <p style="text-align: center; font-weight: bold; font-size: 1.2em;">700 Bishop Street, Suite 220C Honolulu, HI 96813</p>	
7. 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 MUST accompany this form.	
8. Date when the Cancellation will be effective: CHECK ONE BOX ONLY	
<input checked="" type="checkbox"/> Date received (Upon filing)	
<input type="checkbox"/> Later effective date (Date must be no more than 90 days from the date of filing) _____	
Under penalty of perjury, I declare and affirm that I have examined this Certificate of Cancellation of Registration and that all statements contained herein are true and correct.	
Type or Print Name of Authorized Person <p style="text-align: center; font-weight: bold; font-size: 1.2em;">Paul Komeiji, Manager</p>	Date <p style="text-align: center; font-size: 1.2em;">9/5/19</p>
Signature of Authorized Person SIGN DOCUMENT HERE	

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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FEB 20 2020 12:02

BY E9CAT

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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PARASEARCH INC
 C.J. BERGNER
 222 JEFFERSON BLVD STE 200
 WARWICK, RI 02888-

792543

LETTER OF GOOD STANDING

It appears from our records that **KUHANA ASSOCIATES, LLC** has filed all the required returns due for this letter of good standing and paid all known tax liabilities as of this date. **KUHANA ASSOCIATES, LLC** is in good standing with the Rhode Island Division of Taxation as of **02/20/2020**. 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,

Cheri OConnor

CHERI OCONNOR
 Supervising Revenue Officer

Necna Savage

Necna Savage
 Tax Administrator



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:

February 20, 2020 12:02 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

