



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

Maureen Mooney

Date

5/20/20

Signature of General Partner

*Maureen Mooney*

SIGN DOCUMENT HERE

Type or Print Name of General Partner

Michael Mooney

Date

6/3/2020

Signature of General Partner

*Michael R. Mooney*

SIGN DOCUMENT HERE

Type or Print Name of General Partner

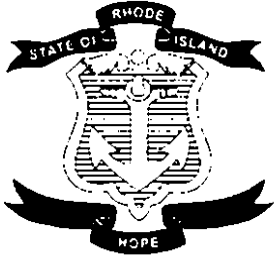
MICHAEL R. MOONEY

Date

6/3/2020

Signature of General Partner

SIGN DOCUMENT HERE



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

MAUREEN MOONEY  
97 NARRAGANSETT AVE M2  
NEWPORT, RI 02840-

## LETTER OF GOOD STANDING

It appears from our records that **The Mooney 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. **The Mooney Family Limited Partnership** is in good standing with the Rhode Island Division of Taxation as of **05/18/2020**. 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,

DANNY PACHECO  
Supervising Revenue Officer

Neena Savage  
Tax Administrator

050488362:16316532  
DLN: 10008061037



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:

June 15, 2020 03:15 PM

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*

