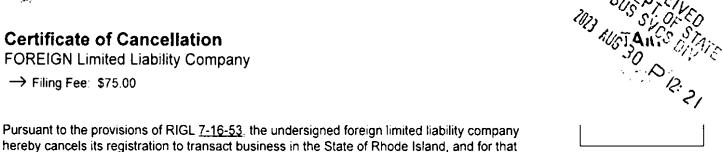
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purpose submits the following stat	ement:	·	
1. Entity ID Number:	2. The name of the limited liability company is:		
001671788	Albany Road-1351 South County LLC		
3. It is organized under the laws of: Delaware			
4. The entity is not transacting business in this state and surrenders its authority to transact business in this state.			
or proceeding arising out of the tr	gent, to accept service of process ransaction of business in the state eof on the Department of State of t	of Rhode Island, may ther	
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: 155 Federal Street, Suite 1202, Boston, MA 02110			
7. The limited liability company certifies that it has no outstanding tax obligations. As required by RIGL <u>7-16-8</u> , the limited liability has paid all fees and taxes. [Note: tax status can be verified by emailing tax.collections@tax.ri.gov.]			
8. Date when the Cancellation will be effective: CHECK ONE BOX ONLY			
✓ Date received (Upon filing)			
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			Date
Christopher J. Knisley			August 22, 2023
Signature of Authorized Person			
Chin 1. Know			

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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I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,
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:

August 30, 2023 12:21 PM

Gregg M. Amore Secretary of State

Tregs M. Coure

