



State of Rhode Island
Department of State - Business Services Division

REC'D RI SOS BSD
28 DEC 26 PM 2:42:37

Statement of Dissolution
DOMESTIC Limited Partnership

→ Filing Fee: \$10.00

The undersigned, desiring to dissolve the Certificate of Limited Partnership under and by virtue of the power conferred by RIGL 7-13.1-802, hereby execute the following Statement of Dissolution of the Certificate of Limited Partnership:

1. Entity ID Number: 000789869	2. The name of the limited partnership is: OCEAN ROAD CAPITAL LP
3. The date of filing of the Certificate of Limited Partnership is: 04/26/2012	
4. The partnership is dissolved.	
5 Other information as the general partners filing the statement determine to include herein: This partnership was dissolved in 2022.	
Check the box to indicate an attachment <input type="checkbox"/>	
6. The partnership certifies that it has no outstanding tax obligations as required by RIGL <u>7-13.1-213</u> , the partnership has paid all fees and taxes. [Note: Tax status can be verified by emailing tax.collections@tax.ri.gov] Yes.	
7. Date when the Statement of Dissolution of Limited Partnership will be effective: CHECK ONLY ONE BOX	
<input type="checkbox"/> Date received (Upon filing)	
<input checked="" type="checkbox"/> Effective date (which shall be a date certain) 12/31/2022	

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 473

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 kyle charles Bessette	Date 12/31/2022
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Signature of General Partner 

Type or Print Name of General Partner	Date
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Signature of General Partner

Type or Print Name of General Partner	Date
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Signature of General Partner



State of Rhode Island
Department of State | Office of the Secretary of State
Gregg M. Amore, *Secretary of State*

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:

December 26, 2023 02:42 PM

A handwritten signature in black ink that reads "Gregg M. Amore".

Gregg M. Amore
Secretary of State

