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State of Rhode Island  
Department of State - Business Services Division

RECEIVED  
R.I. DEPT. OF STATE  
BUS STAMP

2023 DEC 29 P 12:06

**Certificate of Cancellation**

FOREIGN Limited Liability Company

→ Filing Fee: \$75.00

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: <b>001704023</b>	2. The name of the limited liability company is: <b>WSP II Pawtucket, LLC</b>
3. It is organized under the laws of: <b>Delaware</b>	
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: <b>65 E. Wadsworth Park Drive, Suite 220, Draper, UT 84020</b>	
7. The limited liability company certifies that it has no outstanding tax obligations. As required by <u>RIGL 7-16-8</u> , the limited liability has paid all fees and taxes. [Note: tax status can be verified by emailing <a href="mailto:tax.collections@tax.ri.gov">tax.collections@tax.ri.gov</a> .]	
8. Date when the Cancellation will be effective: <b>CHECK ONE BOX ONLY</b>	
<input type="checkbox"/> Date received (Upon filing) <input checked="" type="checkbox"/> Later effective date (Date must be no more than 90 days from the date of filing) <b>12/31/2023</b>	
<i>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.</i>	
Type or Print Name of Authorized Person <b>Bret Durfee</b>	Date <b>12/13/2023</b>
Signature of Authorized Person DocuSigned by: <b>Bret Durfee</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](http://www.sos.ri.gov)

**FILED**  
DEC 29 2023 P 12:06pm  
BY LKS EV HSF

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](mailto:corporations@sos.ri.gov).



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

RAY WARINER  
65 E. WADSWORTH DRIVE, STE 220  
DRAPER, UT 84020

## LETTER OF GOOD STANDING

It appears from our records that WSP II PAWTUKCET, LLC has filed all the required returns due for this letter of good standing and paid all known tax liabilities as of this date. WSP II PAWTUKCET, LLC is in good standing with the Rhode Island Division of Taxation as of 12/21/2023. 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:

### REINSTATEMENT OF REVOKED CORPORATE CHARTER

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,

IAN BEAUREGARD  
Supervising Revenue Officer

Neena Savage  
Tax Administrator

850883428:21206290  
DLN: 10016291909



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 29, 2023 12:06 PM

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

Gregg M. Amore  
*Secretary of State*

