



State of Rhode Island
Department of State - Business Services Division

Withdrawal of Statement of Qualification

FOREIGN Limited Partnership

→ Filing Fee: \$50.00

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The undersigned, desiring to withdraw the Statement of Registration of a Limited Partnership under and by virtue of the power conferred by RIGL 7-13.1-1013, hereby executes the following Statement to Withdraw the Statement of Registration of a Limited Partnership:

1. Entity ID Number: 000062208		2. The name of the partnership is: RD WOONSOCKET ASSOCIATES LIMITED PARTNERSHIP	
3. The date of filing of the Statement of Registration is: October 3, 1990			
4. The Partnership is not doing business in this state and withdraws its registration to do business in the State of Rhode Island.			
5. The Partnership 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 Partnership 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 Partnership that may be served on the RI Department of State is: Street Address: 411 Theodore Fremd Ave., Suite 300			
City/Town: Rye		State: NY	Zip Code: 10580
7. The Partnership certifies that it has no outstanding tax obligations. As required by <u>RIGL 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]			
8. Date when this Statement of Withdrawal 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)			
<i>Under penalty of perjury, I declare and affirm that I have examined this Statement of Withdrawal, including any accompanying attachments, and that all statements contained herein are true and correct.</i>			
Type or Print Name of Authorized Person Debra M. Leibler			
Signature of Authorized Person <i>Debra M. Leibler</i>		Date January 17, 2024	

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED 12:46

JAN 18 2024

BY 2dm219

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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:

January 18, 2024 12:46 PM

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

Gregg M. Amore
Secretary of State

