RI SOS Filing Number: 202448984160 Date: 3/20/2024 10:19:00 AM



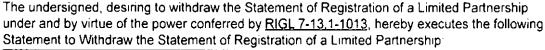
State of Rhode Island

Department of State - Business Services Division

Withdrawal of Statement of Qualification

FOREIGN Limited Partnership

 \rightarrow Filing Fee: \$50.00



 24 RS	
ACC ACC	
RID 20 a	
ĚĠ	
STAMP	
\	
-	

Entity ID Number:	2. The name of the partnership is:					
000124694	Deloitte Consulting L.P.					
3. The date of filing of the Statem	3. The date of filing of the Statement of Registration is:					
05-10-2002						
4. The Partnership is not doing bit Island.	usiness in this state and withdraws	its registration to do bus	iness in the State of Rhode			
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 2 Jericho Plaza, Suite 300						
City/Town: Jericho	State. NY		Zip Code: 11753			
7. 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]						
8. Date when this Statement of Withdrawal will be effective: CHECK ONE BOX ONLY						
✓ Date received (Upon filing)						
Later offective date (Date must be as more than 00 days from the date of 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 Statement of Withdrawal, including any accompanying attachments, and that all statements contained herein are true and correct.						
Type or Print Name of Authorized Person						
JOANNA THEIS MARINO						
Signature of Authorized Person		[Date			
Marino			01/23/2024			
		·				

MAIL TO:

Division of Business Services

148 W. River Street, Providence. Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILEDIAMP

MAR 2 0 2024

10:101

RI SOS Filing Number: 202448984160 Date: 3/20/2024 10:19:00 AM



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:

March 20, 2024 10:19 AM

Gregg M. Amore Secretary of State

Treg M. Coure

