



State of Rhode Island
Department of State - Business Services Division

REC'D RIDGOS PSD
24 APR 4 PM 1:15:00

STAMP
FOR
SECRETARY OF STATE
USE ONLY

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 <i>001741963</i>	2 The name of the limited partnership is: <i>Irene Gelinas L.P.</i>
3. The date of filing of the Certificate of Limited Partnership is: <i>06-13-2022</i>	
4. The partnership is dissolved.	
5. Other information as the general partners filing the statement determine to include herein <i>Irene Gelinas needed home care which was given by family Cynthia Rzewuski. My wife Cynthia helped my mother Pauline care for her mother (my Grandmother) Irene. This was for one month and then my grandmother, Irene, went into a nursinghome. She is 96 and still in a nursinghome.</i>	
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]	
7. Date when the Statement of Dissolution of Limited Partnership will be effective: CHECK ONLY ONE BOX <input checked="" type="checkbox"/> Date received (Upon filing) <input type="checkbox"/> Effective date (which shall be a date certain) _____	

Check the box to indicate an attachment

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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APR 04 2024 TAMP
BY *FILED B*
AA. 1:15pm

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 <i>Irene Gelinas</i>	Date <i>04-01-2024</i>
Signature of General Partner <i>Not available due to the state of my grandmother. She is 96 and in a nursing home.</i>	
Type or Print Name of General Partner Registered Agent <i>Daniel Rzewuski</i>	Date <i>04-01-2024</i>
Signature of General Partner <i>D. Rzewuski</i>	
Type or Print Name of General Partner	Date
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:

April 04, 2024 01:15 PM

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

Gregg M. Amore
Secretary of State

