



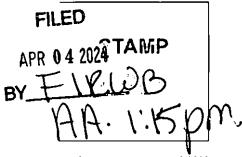
Statement of Dissolution
Provide the statement of Dissolution

DOMESTIC Limited Partnership
Provide the statement of Dissolution

→ Filing Fee: \$10.00
Provide the statement of Dissolution of the statement of 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	2 The name of the limited partnership is:	
1. Entity to Number		
001741963	Irene Gelinas L.P.	
3. The date of filing of the Certificate of Limited Partnership is: $\partial b - 13 - 2022$		
4. The partnership is dissolved.		
5. Other information as the general partners filing the statement determine to include herein		
I rene Gelinics needed home care which was given by family, Cynthia Raewushi. My wife Cynithia helped my mother Pauline care for her mother (my Grandmother) I rene. This was for one month and then my grandmother, I hene, went into a nursinghome. She is 96 and fill in a nursing tome.		
6. The partnership certifies that it has no outstanding tax obligations as required by RIGL 7-13.1-213, 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		
Date received (Upon filing)		
Effective date (which shall be a date certain)		

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



FORM -302 Revised 12/2023

Under penalty of perjury, I/we declare and affirm that I/we have examined this Certificate of Cancellation of Certi any accompanying attachments, and that all statements contained herein are true and correct.	ficate of Limited Partnership, including		
Type or Print Name of General Partner	Date		
Irene Gelinas	04-01-2024		
Signature of General Partner	She is 96 and		
Not available due to the state of my grandmother. In a norsinghome			
Type or Print Name of General Partner Registered Agent	Date		
Daniel Rewusici	04-01-2024		
Signature of General Partner			
Diffeeveni			
Type or Print Name of General Partner	Date		
Signature of General Partner			

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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:

April 04, 2024 01:15 PM

Treng M. Course

Gregg M. Amore Secretary of State

