


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.

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| Type or Print Name of General Partner Kelly Coates, CEO/Authorized Partner Amalgamated Development II | Date 04/19/2024 |
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| Signature of General Partner  |
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| Type or Print Name of General Partner | Date |
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| Signature of General Partner |
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| Type or Print Name of General Partner | Date |
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| 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 30, 2024 02:26 PM

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

Gregg M. Amore
Secretary of State

