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State of Rhode Island Department of State - Business Services Division

Statement of Dissolution

DOMESTIC Limited Partnership

→ Filing Fee: \$10.00

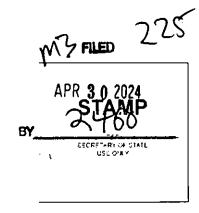
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-	g to dissolve the Certificate of Limited Partnership under and by virtue of the
Certificate of Limited Part	
1. Entity ID Number	The name of the limited partnership is:
000050006	Amalgamated Financial Group X L.P.
3. The date of filing of th	ne Certificate of Limited Partnership is. 04/09/1987
4. The partnership is dis	solved.
5. Other information as the	general partners filing the statement determine to include herein:
	Check the box to indicate an attachment
	that it has no outstanding tax obligations as required by RIGL <u>7-13.1-213</u> , the partnership has paid all fees is can be verified by emailing tax.collections@tax.ri.gov.]
7. Date when the Statemer	nt of Dissolution of Limited Partnership will be effective: CHECK ONLY ONE BOX
✓ Date received (Upon	on filing)
Effective date (which	ch 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



Under penalty of perjury, I/we declare and affirm that I/we have examined this Certifical any accompanying attachments, and that all statements contained herein are true and correct.	
Type or Print Name of General Partner	Date
Kelly Coates, CEO/Authorized Partner	04/19/2024
Signature of General Partner	
Type or Print Name of General Partner	Date
Signature of General Partner	
Type or Print Name of General Partner	Date
Signature of General Partner	

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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 02:25 PM

Gregg M. Amore Secretary of State

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