RI SOS Filing Number: 202453818340 Date: 4/30/2024 2:26:00 PM



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STAMP

FOR SECRETARY OF STATE

## **Statement of Dissolution**

**DOMESTIC Limited Partnership** 

→ Filing Fee: \$10.00

•	g to dissolve the Certificate of Limited Partnership under and by virtue of the
Certificate of Limited Parti	
Entity ID Number:	2. The name of the limited partnership is:
000062129	Amalgamated Financial Group XX, L.P.
3. The date of filing of the	e Certificate of Limited Partnership is: 10/12/1990
4. The partnership is diss	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 s can be verified by emailing tax.collections@tax.ri.gov.]
7. Date when the Statemen	nt of Dissolution of Limited Partnership will be effective: CHECK ONLY ONE BOX
✓ Date received (Upo	n filing)
Effective date (whice	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. If we declare and affirm that If we have examined this Certificate of Cancellation any accompanying attachments, and that all statements contained herein are true and correct.	of Certificate of Limited Partnership, including
Type or Print Name of General Partner	Date
Kelly Coates, CEO/Authorized Partner Amalgamated Dev II Inc	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 02:26 PM

Gregg M. Amore

Secretary of State

Tregs M. Coure

