



State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

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2017 AUG 31 AM 10:34

## Articles of Dissolution

DOMESTIC Limited Liability Company

→ Filing Fee: \$50.00

Pursuant to the provisions of RIGL 7-16-47, the undersigned hereby submits the following Articles of Dissolution:

|   |  |
|---|--|
| 1. Entity ID Number:<br><b>1447002</b>  | 2. The name of the limited liability company is:<br><b>40 JACOB PERRY DRIVE, LLC</b> |
| 3. The date of filing of its original Articles of Organization was: <b>09/26/2016</b>   |  |
| 4. The dates of filing of all amendments to the original Articles of Organization or the most recent restatement, if any, and all subsequent amendments thereto:<br><b>NONE</b>   |  |
| 5. The reason(s) for filing the Articles of Dissolution are:<br><b>SINGLE MEMBER LLC WHERE SOLE MEMBER WISHES TO TERMINATE COMPANY.</b>   |  |
| 6. State any other information or provision, not inconsistent with law, which the members or authorized person signing the Articles of Dissolution elect to set forth:<br><b>NONE</b>   |  |
| 7. As required by RIGL <u>7-16-8</u> , the entity has paid all fees and franchise taxes. RI Division of Taxation's <b>ORIGINAL</b> letter of good standing (LOGS) for the purpose of dissolution <b>MUST</b> accompany this form. |  |


### MAIL TO:

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

**FILED**

AUG 31 2017

BY CA 311450

|  |                          |
|--|--------------------------|
| <b>8. Date when these Articles of Dissolution will be effective: CHECK ONE BOX ONLY</b>  |                          |
| <input checked="checked" type="checkbox"/> Date received (Upon filing)   |                          |
| <input type="checkbox"/> Effective date (which shall be a date certain) _____  |                          |
| <i>Under penalty of perjury, I declare and affirm that I have examined these Articles of Dissolution, including any accompanying attachments, and that all statements contained herein are true and correct.</i> |                          |
| Type or Print Name of LLC<br><b>40 JACOB PERRY DRIVE, LLC</b>  | Date<br><b>8/30/2017</b> |
| Signature of Authorized Person  <span style="margin-left: 20px;">SIGN DOCUMENT HERE</span>                                      |                          |

Robert A. DeVellis, Authorized Person



STATE OF RHODE ISLAND AND  
PROVIDENCE PLANTATIONS  
DEPARTMENT OF ADMINISTRATION  
DIVISION OF TAXATION  
ONE CAPITOL HILL  
PROVIDENCE, RI 02908

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40 JACOB PERRY DRIVE, LLC  
C/O BLAIR & POTTS, FOUR STAMFORD PLZ.  
107 ELM STREET  
STAMFORD, CT 06902-3834

## LETTER OF GOOD STANDING

It appears from our records that **40 JACOB PERRY DRIVE, LLC** has filed all the required returns due for this letter of good standing and paid all known tax liabilities as of this date. **40 JACOB PERRY DRIVE, LLC** is in good standing with the Rhode Island Division of Taxation as of **08/10/2017**. This letter of good standing is expressly conditional and may be based upon unaudited returns, subject to future audit.

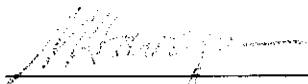
This Letter of Good Standing does not cover any violation of chapter 20 of Title 44 that has occurred within the last thirty (30) days and any resulting assessments and/or license suspension which have not yet issued from the Division for such violation(s). Any subsequent application for a license or permit may be denied in accordance with R.I. Gen. Laws § 44-20-4.1.


This letter is issued pursuant to the request of the above named corporation for the purpose of:

## DISSOLUTION

This letter of good standing is valid only for the specific reason listed above, and is not valid for any other reason(s).

Very truly yours,

  
Neena Savage  
Acting Tax Administrator

  
Christine Girard  
Supervising Revenue Officer  
Compliance and Collections

813974009:12382361  
DLN: 10000265980

**FILED**  
10:34  
AUG 31 2017  
BY 311456



State of Rhode Island and Providence Plantations  
**Department of State | Office of the Secretary of State**  
**Nellie M. Gorbea**, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island  
and Providence Plantations, 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:

August 31, 2017 10:34 AM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea  
*Secretary of State*

