



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

RECEIVED  
 SECRETARY OF STATE  
 CORPORATIONS DIV

2018 MAR -1 PM 1:11

## 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: <b>895761</b>	2. The name of the limited liability company is: <b>M3B PROPERTIES, LLC</b>
3. The date of filing of its original Articles of Organization was: <b>JANUARY 28, 2014</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: <b>N/A</b>	
5. The reason(s) for filing the Articles of Dissolution are: <b>ALL ASSETS HAVE BEEN SOLD</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: <b>N/A</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:

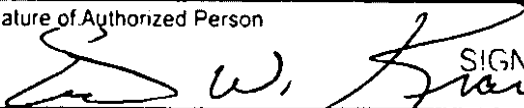
Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: [www.sos.ri.gov](http://www.sos.ri.gov)

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**1:11**

8. Date when these Articles of Dissolution will be effective: <b>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 <b>M3B PROPERTIES, LLC</b>	Date <b>12/4/17</b>
Signature of Authorized Person  <b>SIGN DOCUMENT HERE</b>	



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

MICHELLE D. BAKER, ESQ.  
1420 MENDON ROAD  
CUMBERLAND, RI 02864

## LETTER OF GOOD STANDING

It appears from our records that **M3B PROPERTIES LLC** has filed all the required returns due for this letter of good standing and paid all known tax liabilities as of this date. **M3B PROPERTIES LLC** is in good standing with the Rhode Island Division of Taxation as of **02/02/2018**. 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  
Tax Administrator

Christine Girard  
Supervising Revenue Officer  
Compliance and Collections

464703496:12831642  
DLN: 10002051351



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:

March 01, 2018 01:11 PM

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*

