



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Articles of Dissolution

DOMESTIC Limited Liability Company

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R.I. DEPT. OF STATE
BUS SVCS DIV
2019 NOV 12 PM 2:14

| | | | |
|--|--|--|--|
| <p>1. Entity ID Number: <input type="checkbox"/> <u>001460157</u></p> | | <p>2. The name of the limited liability company is: <input type="checkbox"/> <u>ABCS LLC</u></p> | |
| <p>3. The date of filing of its original Articles of Organization was: <input type="checkbox"/> <u>2/01/16</u></p> | | <p>List the date of the filing of the original Articles of Organization. The date can be accessed by looking up your entity in the Corporate Database.</p> | |
| <p>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: <input type="checkbox"/></p> | | <p>List the dates of filing for all amendments and restatements to the original Articles of Organization. The amendments and restatements can be accessed by looking up your entity in the Corporate Database.</p> | |
| <p>5. The reason(s) for filing the Articles of Dissolution are: <input type="checkbox"/> <u>my husband has Brain Cancer.</u></p> | | <p>List the reasons for filing these Articles of Dissolution.</p> | |
| <p>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: <input type="checkbox"/></p> | | <p>List any additional information you want to be included in these Articles of Dissolution. This is optional.</p> | |
| <p>7. As required by RIGL 7-16-8, the good standing (LOGS) for the purpose of dissolution MUST accompany this form. <u>ABCS LLC</u></p> | | <p>Division of Taxation's ORIGINAL letter of <input type="checkbox"/></p> | |

Rebecca A. Swick
11/12/19

MAIL TO:

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

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|---|--|--|
| 8. Date when these Articles of | | ONLY <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> Date received (Upon filing) | Only check "Effective Date" if you DO NOT want this filing to be effective when our office receives the document. An "Effective Date" is a specific date. | |
| <input type="checkbox"/> Effective date (which shall) | An authorized person MUST sign and date this form. | |
| 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. <input checked="" type="checkbox"/> | | |
| Type or Print Name of LLC | Date | |
| ABC LLC | 11/7/19 | |
| Signature of Authorized Person | | |
| Rebecca A. Finkle | | |



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

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ABCS LLC
8 WEST HARBOR ROAD
BRISTOL, RI 02809

LETTER OF GOOD STANDING

It appears from our records that **ABCS LLC** has filed all the required returns due for this letter of good standing and paid all known tax liabilities as of this date. **ABCS LLC** is in good standing with the Rhode Island Division of Taxation as of **11/01/2019**. 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,


CARLITA ANNICELLI
Supervising Revenue Officer


Neena Savage
Tax Administrator

001660157:15368377
DLN: 10006451994



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:

November 12, 2019 02:14 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

