



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

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 R.I. DEPT. OF STATE  
 BUS. SVCS. DIV  
 2019 DEC 13 PM 12:01

**Application for Certificate of Withdrawal**

FOREIGN Business Corporation

→ Filing Fee: \$50.00

Pursuant to the provisions of RIGL 7-1.2-1412 and 7-1.2-1413, the undersigned corporation hereby applies for a Certificate of Withdrawal from the State of Rhode Island, and for that purpose submits the following statement:

1. Entity ID Number: <input type="checkbox"/> 000108034	2. The name of the corporation is: <input type="checkbox"/> Cavaliere Industnes, Inc
3. It is incorporated under the laws of: <input type="checkbox"/> CT	
4. The corporation is not trasacting business in this state and surrenders its authority to transact business in this state. <input type="checkbox"/>	
5. It revokes the authority of its registered agent in this state to accept service of process, and consents that service of process in any action, suit, or proceeding based upon any cause of action arising in this state during the time the corporation was authorized to transact business in this state may subsequently be made on the corporation by service thereof on the Department of State of the State of Rhode Island. <input type="checkbox"/>	
6. The post office address to which the Department of State may mail a copy of any service of process against the corporation that is served on the Department of State: <input type="checkbox"/> 226 Selleck St. Ste C Stamford CT 06902	
7. As required by RIGL <u>7-1.2-1413</u> , the corporation has paid all fees and taxes. RI Division of Taxation's ORIGINAL letter of good standing (LOGS) for the purpose of withdrawal MUST accompany this form. <input type="checkbox"/>	
8. If the corporation is in the hands of a receiver or trustee, this Application for Certificate of Withdrawal must be executed on behalf of the corporation by the receiver or trustee. <input type="checkbox"/>	
9. Date when this certificate of withdrawal will be effective: CHECK ONE BOX ONLY <input type="checkbox"/>	
<input checked="" type="checkbox"/> Date received (Upon filing) <input type="checkbox"/> Later effective date (Date must be no more than 90 days from the date of filing) _____	
Under penalty of perjury, I declare and affirm that i have examined this Application for Certificate of Withdrawal, including any accompanying attachments, and that all statements contained herein are true and correct. <input type="checkbox"/>	
Type or Print Name of Authorized Officer Louis Cavaliere V.P	Date 12/10/19
Signature of Authorized Officer of the Corporation SIGN DOCUMENT HERE	

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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**FILED**  
 DEC 30 2019  
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If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.



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

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CAVALIERE INDUSTRIES INC  
 ATTN: MARIA CARLUCCI  
 226 SELLECK ST STE C  
 STAMFORD, CT 06902-6420

## LETTER OF GOOD STANDING

It appears from our records that **Cavaliere Industries, Inc.** has filed all the required returns due for this letter of good standing and paid all known tax liabilities as of this date. **Cavaliere Industries, Inc.** is in good standing with the Rhode Island Division of Taxation as of 12/05/2019. 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:

### WITHDRAWAL FOR SECRETARY OF STATE

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,

  
 CHRISTINE GIRARD  
 Supervising Revenue Officer  
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 BUS SVCS DIV  
 2019 DEC 13 PM 12:01

  
 Necna Savage  
 Tax Administrator

061355901:15533639  
 DLN: 10006656180



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:

December 30, 2019 12:23 PM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive, written in a professional style.

Nellie M. Gorbea  
*Secretary of State*

