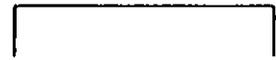




State of Rhode Island

Department of State - Business Services Division



Articles of Dissolution

DOMESTIC Limited Liability Company

→ Filing Fee: \$50.00

RECEIVED  
R.I. DEPT. OF STATE  
BUS SVCS DIV

2020 DEC 18 PM 3:11

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



1. Entity ID Number: <b>001685078</b>	2. The name of the limited liability company is: <b>FORD BROTHERS, LLC</b>
3. The date of filing of its original Articles of Organization was: <b>6/5/2018</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:	
5. The reason(s) for filing the Articles of Dissolution are:  <b>OUT OF BUSINESS</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:	
7. The limited liability company certifies that it has no outstanding tax obligations. As required by RIGL <u>7-16-8</u> , the limited liability company has paid all fees and taxes. [Note: tax status can be verified at <a href="http://taxportal.ri.gov">taxportal.ri.gov</a> .]	

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

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*[Signature]* R6P7F

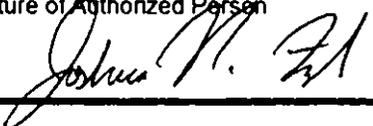
8. Date when these Articles of Dissolution will be effective: **CHECK ONE BOX ONLY**

- Date received (Upon filing)
- Effective date (which shall be a date certain) \_\_\_\_\_

*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.*

Type or Print Name of LLC	Date
FORD BROTHERS, LLC	12/8/2020

Signature of Authorized Person





State of Rhode Island  
**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,  
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 18, 2020 03:11 PM

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

Nellie M. Gorbea  
*Secretary of State*

