



State of Rhode Island  
Department of State - Business Services Division

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**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>000142420   | 2. The name of the limited liability company is:<br>CARVALHO PROPERTIES, LLC |
| 3. The date of filing of its original Articles of Organization was: 08/31/2004  |  |
| 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:<br>THE COMPANY HAS LIQUIDATED ALL OF ITS REAL ESTATE HOLDINGS.   |  |
| 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**  
DEC 21 2020  
BY J. VRPSM  
11:26

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

CARVALHO PROPERTIES, LLC

Date

12/16/2020

Signature of Authorized Person

*William A. ... CPA, Accountant*



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 21, 2020 11:26 AM

A handwritten signature in blue ink that reads "Nellie M. Gorbea".

Nellie M. Gorbea  
*Secretary of State*

