



State of Rhode Island

Department of State - Business Services Division

## Articles of Dissolution

DOMESTIC Limited Liability Company

→ Filing Fee: \$50.00

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R.I. DEPT. OF STATE  
BUS SVCS DIV

2021 NOV - 1 AM 8:42

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

|   |   |
|---|---|
| 1. Entity ID Number:<br><b>000789082</b>  | 2. The name of the limited liability company is:<br><b>D &amp; E CONCRETE SOLUTIONS LLC</b> |
| 3. The date of filing of its original Articles of Organization was: <b>04-01-2012</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:<br><b>Voluntary dissolution to move on to other projects and work opportunities.</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 by emailing <a href="mailto:tax.collections@tax.ri.gov">tax.collections@tax.ri.gov</a> ] |   |

8:46

### MAIL TO:

Division of Business Services

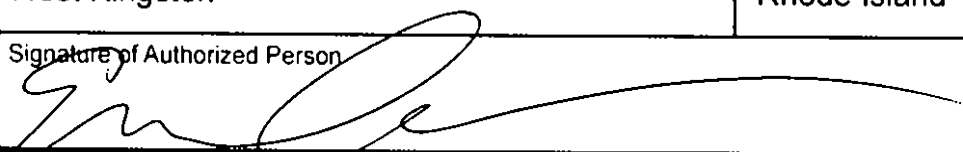
148 W. River Street, Providence, Rhode Island 02904-2615

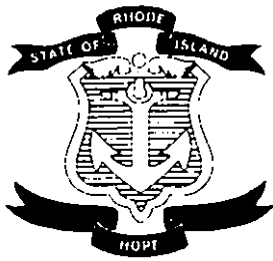
Phone: (401) 222-3040

Website: [www.sos.ri.gov](http://www.sos.ri.gov)

FILED

NOV 01 2021  
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|  |                        |            |
|--|------------------------|------------|
| 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> |                        |            |
| Name of Authorized Person  | Street Address         |            |
| Emma Migneault   | 129 Queens River Drive |            |
| City/Town  | State                  | Zip Code   |
| West Kingston  | Rhode Island           | 02892      |
| Signature of Authorized Person   |                        | Date       |
|   |                        | 10/28/2021 |



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

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D E CONCRETE SOLUTIONS LLC  
129 QUEENS RIVER DR.  
WEST KINGSTON, RI 02892-1726

789082

## LETTER OF GOOD STANDING

It appears from our records that **D & E CONCRETE SOLUTIONS LLC** has filed all the required returns due for this letter of good standing and paid all known tax liabilities as of this date. **D & E CONCRETE SOLUTIONS LLC** is in good standing with the Rhode Island Division of Taxation as of **10/18/2021**. This letter of good standing is expressly conditional and may be based upon unaudited returns, subject to future audit.

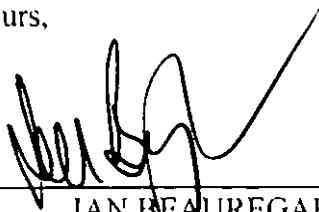
This Letter of Good Standing does not cover any violation of chapter 20 of Title 44 that has occurred within the last thirty (30) days and any resulting assessments and/or license suspension which have not yet issued from the Division for such violation(s). Any subsequent application for a license or 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,

  
\_\_\_\_\_  
IAN BEAUREGARD  
Supervising Revenue Officer

  
\_\_\_\_\_  
Neena Savage  
Tax Administrator

460702021:18111376  
DLN: 10011363110

NOV 01 2021

12VF8J  
8:43



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:

November 01, 2021 08:46 AM

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

Nellie M. Gorbea  
*Secretary of State*

