



State of Rhode Island

Department of State - Business Services Division

Articles of Dissolution

DOMESTIC Limited Liability Company

→ Filing Fee: \$50.00

RECEIVED
RI DEPT. OF STATE
BUS SVCS DIV
2021 DEC 29 AM 10:30

Pursuant to the provisions of RIGL 7-16-42, the undersigned hereby submits the following Articles of Dissolution:

1. Entry ID Number: 001671943	2. The name of the limited liability company is: CB PROPERTIES LLC
3. The date of filing of its original Articles of Organization was: 03-17-2017	
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: NONE	
5. The reason(s) for filing the Articles of Dissolution are: NO LONGER A RENTAL	
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: NONE	
7. The limited liability company certifies that it has no outstanding tax obligations. As required by RIGL 7-16-42, the limited liability company has paid all fees and taxes. (Note: tax status can be verified by emailing tax.collections@tax.ri.gov.)	

10:30

MAIL TO:

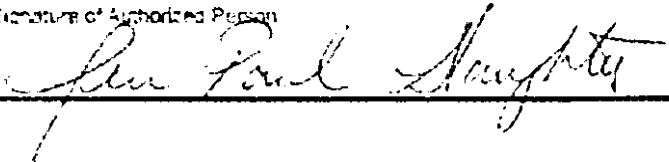
Division of Business Services
145 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 272-3040
Website: www.sos.ri.gov

FILED

DEC 29 2021

By *[Signature]*

FORM 400-RI-0001 07/2017

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) _____		
<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	
JEAN PAUL SLAUGHTER	27 LOCKWOOD STREET	
City/Town	State	Zip Code
CRANSTON	RI	02905
Signature of Authorized Person		Date
		12-28-2021

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.

FORM 1004-REVISED 07/2021



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 29, 2021 10:30 PM

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

Nellie M. Gorbea
Secretary of State

