



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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2022 DEC -7 A 8:49

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

1. Entity ID Number: <b>000096047</b>	2. The name of the limited liability company is: <b>Matthews Realty, LLC</b>
3. The date of filing of its original Articles of Organization was: <b>July 21, 1997</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:  <b>Amendment filed November 5, 1997</b>	
5. The reason(s) for filing the Articles of Dissolution are:  <b>By action of members taken pursuant to Rhode Island General Laws § 7-16-21(b)(1)</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 7-16-8, 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> .]	

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 07 2022  
BY **9M445**  
**A.A. 8:49 A.M.**  
FORM 404- Revised: 07/2021

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	
Louis E. Matthews	70 Airport Road	
City/Town	State	Zip Code
Westerly	Rhode Island	02891
Signature of Authorized Person		Date
		12/7/22

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](mailto:corporations@sos.ri.gov).

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