

State of Rhode Island _____

Department of State - Business Services Division

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DOMESTIC Limited Liability Company

→ Filing Fee: \$50.00

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R.I. DEPT OF STATE
- BUS SYCS DIV

Pursuant to the provisions of RIGL 7-16-47, the undersigned hereby submits the following 14 1/A 1/1. C.

- 1. Entity ID Number: 000144503
- 2. The name of the limited liability company is: '...
 - Cavanagh Landscape Design LLC
- 3. The date of filing of its original Articles of Organization was: 12/06/2004
- 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:

None

5. The reason(s) for filing the Articles of Dissolution are:

Name change of business/ dissolution of old entity in favor of a new entity under different name and structure.

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

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED

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FORM 404 - Revised: 8/2023

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 tax.collections@tax.ri.gov.]								
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.								
Name of Authorized Person	Street Address							
Michael J Cavanagh	43 Penny Pond Road							
City/Town	State	Zip Code						
Tiverton	RI	02878						
Signature of Authorized Person		Date 11/13/23						