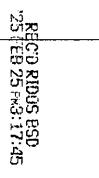
State of Rhode Island
 Department of State - Business Services Division

## **Articles of Dissolution**

DOMESTIC Limited Liability Company

→ Filing Fee: \$50.00



I

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

1. Entity ID Number:	2. The name of the limited liability company is:	
001716665	MVP Weather Prevention L.L.C.	
3. The date of filing of its or	iginal Articles of Organization was: 12-22-2020	
4. The dates of filing of all all all all all all all all all al	amendments to the original Articles of Organization or the most recent restal ts thereto:	ement, if any, and
5. The reason(s) for filing to No Business , Have r	he Articles of Dissolution are: not turned a profit	
No Business , Have r 6. State any other informat	not turned a profit ion or provision, not inconsistent with law, which the members or authorized	person signing the
No Business , Have r	not turned a profit ion or provision, not inconsistent with law, which the members or authorized	person signing the
No Business , Have r 6. State any other informat	not turned a profit ion or provision, not inconsistent with law, which the members or authorized	person signing the
No Business , Have r 6. State any other informat	not turned a profit ion or provision, not inconsistent with law, which the members or authorized	person signing the

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 FEB 2 5 2025 BY 3CBWP m

FORM 404 - Revised: 12/2023

<ol> <li>The limited liability company certifies that liability company has paid all fees and taxe</li> </ol>	it it has no outstanding tax obligations is. [Note: tax status can be verified by	. As required by RIGL <u>7-16-8</u> , the limited emailing tax.collections@tax.ri.gov.]	
8. Date when these Articles of Dissolution	will be effective: CHECK ONE BOX O	NLY	
Date received (Upon filing)			
Effective date (which shall be a date c	ertain)		
Under penalty of perjury, I declare and affir accompanying attachments, and that all stu	m that I have examined these Articles atements contained herein are true an	of Dissolution, including any d correct.	
Name of Authorized Person	Street Address	Street Address	
Michael J Coletta	446 Franklin.R	446 Franklin.Rd	
City/Town	State	Zip Code	
Coventry	RI	02816	
Signature of Authorized Person		Date	
Min Star		2-25-2025	

State of Rhode Island Department of State | Office of the Secretary of State Gregg M. Amore, Secretary of State

I, GREGG M. AMORE, 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:

February 25, 2025 03:17 PM

Treng M. Course

Gregg M. Amore Secretary of State

