



State of Rhode Island  
Department of State - Business Services Division

**Articles of Dissolution**

DOMESTIC Limited Liability Company

→ Filing Fee: \$50.00

RECEIVED  
R.I. DEPT. OF STATE  
BUS SVCS DIV  
FOR  
SECRETARY OF STATE  
FILE ONLY

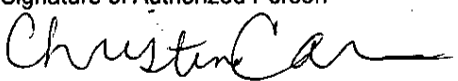
2025 AUG 25 P 1:38

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

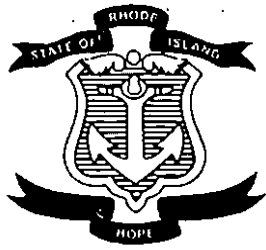
|                                                                                                                                                                        |                                                                                                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| 1. Entity ID Number:<br><b>000752581</b>                                                                                                                               | 2. The name of the limited liability company is:<br><b>JOHN E. CABRAL WESTPORT EXCAVATING LLC</b> |
| 3. The date of filing of its original Articles of Organization was: <b>01/01/2012</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>THE MANAGING MEMBER IS DECEASED.</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: |                                                                                                   |

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  
AUG 25 2025  
STAMP  
BY 52978  
138 KS

|                                                                                                                                                                                                                                                                                                           |                    |                                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|------------------------------------------|
| 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> .] |                    |                                          |
| 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<br><b>CHRISTINE CARR</b>                                                                                                                                                                                                                                                        |                    | Street Address<br><b>269 PEARSE ROAD</b> |
| City/Town<br><b>SWANSEA</b>                                                                                                                                                                                                                                                                               | State<br><b>MA</b> | Zip Code<br><b>02777</b>                 |
| Signature of Authorized Person<br>                                                                                                                                                                                        |                    | Date<br><b>08/22/2025</b>                |

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).



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

MICHAEL D. CORRADO  
2399 PAWTUCKET AVE  
EAST PROVIDENCE, RI 02914

## LETTER OF GOOD STANDING

It appears from our records that JOHN E. CABRAL WESTPORT EXCAVATING, LLC has filed all the required returns due for this letter of good standing and paid all known tax liabilities as of this date. JOHN E. CABRAL WESTPORT EXCAVATING, LLC is in good standing with the Rhode Island Division of Taxation as of 08/11/2025. 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,

JUSTIN HAAS  
Supervising Revenue Officer

Neena Savage  
Tax Administrator

454125965:23663195  
DLN: 10019887183