RI SOS Filing Number: 202577899050 Date: 8/28/2025 10:30:00 AM



## State of Rhode Island **Department of State - Business Services Division**

## · RECEIVED +R.I. DEPT. OF STATE BUS SYCS DIV

## Certificate of Cancellation

FOREIGN Limited Liability Company

→ Filing Fee: \$75.00

2025 AUG 28 A IC 30

purpose submits the following state  1. Entity ID Number:	2. The name of the limited liability company is:	
001719376	C & A Industries, LLC	
3. It is organized under the laws of	of: Nebraska	
4. The entity is not transacting bu	usiness in this state and surrenders its authority to transact busine	ess in this state.
or proceeding arising out of the tr	agent, to accept service of process and consents that service of process are consents to the service of process and consents that service of process are consents to the service of the service of process are consents to the service of process and consents the service of process are consents to the service of process and consents the service of process are consents to the service of process and consents the service of process are consents to the service of process and consents the service of process and consents the service of process are consents to the service of process and consents the service of process are consents to the service of process and consents the service of process are consents to the service of process and consents the service of process are consents to the service of process and consents the service of process are consents to the service of process are c	
6. The post office address to which company that may be served on 1 1010 N. 102nd Street, Suite		nst the limited liability
liability has paid all fees and taxe	certifies that it has no outstanding tax obligations. As required by Fes. [Note: tax status can be verified by emailing tax.collections@ta	
O D = 4 =   b = = 4b = O = = = 12 + 2	vill be effective: CHECK ONE BOX ONLY	
-	<del></del>	
Date when the Cancellation wi     Date received (Upon filing)		
Date received (Upon filing)	nust be no more than 90 days from the date of filing)	
Date received (Upon filing)  Later effective date (Date mo	re and affirm that I have examined this Certificate of Cancellation	of Registration and that
Date received (Upon filing)  Later effective date (Date mu  Under penalty of perjury, I declare	re and affirm that I have examined this Certificate of Cancellation are true and correct.	
Date received (Upon filing)  Later effective date (Date mu  Under penalty of perjury, I declare all statements contained herein a	re and affirm that I have examined this Certificate of Cancellation are true and correct.	

MAIL TO:

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

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

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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:

August 28, 2025 10:30 AM

Gregg M. Amore Secretary of State

Tregs M. Coure

