




STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

**Business Corporation
 Articles of Dissolution
 Filing Fee: \$50.00**

Pursuant to the provisions of Sections 7-1.2-1308 and 7-1.2-1309 of the General Laws of Rhode Island, 1956, as amended, the undersigned corporation adopts the following Articles of Dissolution for the purpose of dissolving the corporation:

1. Entity ID No. 0054226	2. The name of the corporation is: Connecticut Fibers Inc	
3. The dissolution was approved by (check one): <input type="checkbox"/> consent of the shareholders pursuant to the provisions of Section 7-1.2-1302. <p align="center"><i>or</i></p> <input checked="" type="checkbox"/> by an act of the corporation pursuant to the provisions of Section 7-1.2-1303.		
4. All debts, obligations and liabilities of the corporation have been paid and discharged, or have been subject to a completed bankruptcy proceeding under Title II of the U.S. Code.		
5. All remaining property and assets of the corporation have been distributed among its shareholders in accordance with their respective rights and interests.		
6. There are no suits pending against the corporation in any court, or that adequate provision has been made for the satisfaction of any judgment, order, or decree which may be entered against it in any pending suit.		
7. As required by Section 7-1.2-1309 of the General Laws, the corporation has paid all fees and franchise taxes.		
8. Date when these Articles of Dissolution will be effective: CHECK ONE BOX ONLY		
<input checked="" type="checkbox"/> Date Received (Upon filing) <input type="checkbox"/> Later effective date (Date must be no more than 90 days from the day of filing) _____		
<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>		
Signature of Authorized Officer of the Corporation 	Type or Print Name of Authorized Officer Nipul Amin, CPA (Power of Attorney)	Date 6/7/2015

2015 JUN 9 AM 10:23
 CORPORATION DIVISION

FILED

JUN 19 2015

BY CN 251251
 10:23

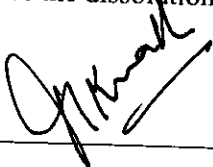
Board of Directors

Resolution to Dissolve Connecticut Fibers, Inc.

RESOLVED, that in the judgment of the Board of Directors it is deemed advisable that Connecticut Fibers, Inc. should be dissolved.

RESOLVED, the below, representing 100% of the Board of Directors, hereby vote to dissolve the corporation.

RESOLVED, the below, representing 100% of the Board of Directors, hereby authorize, direct and give Power of Attorney to the corporation's CPA, Mr. Nipul Amin, to proceed with and finalize the dissolution of the corporation.



Signature: President and Sole Director

Printed Name: President and Sole Director

12/22/2014

Date

2015 JUN 19 AM 10:23
CORPORATIONS UNIT

Form RF-2848

State of Rhode Island
Division of Taxation

Power of Attorney

Name, identifying number, and address including zip code of taxpayer (s):

Connecticut Fibers Inc #05-0449840
410 Kingston Road, Ste #2
West Kingston, RI 02892

hereby appoints (Name, address including zip code, and telephone number of appointee(s)):

NEPUL AMEN (732) 682-3631
1033 Alex Dr.
NORTH BRUNSWICK, NJ 08902

as attorney (s)-in-fact to represent the taxpayer (s) before the office of the State of Rhode Island, Division of Taxation, for the following state tax matters (specify the type (s) of tax and year (s) or period (s) (date of death if estate)):

CORPORATE TAX 2012 - CHOICE OF CORPORATION
IN 2014

The attorney (s)-in-fact (or either of them) are authorized, subject to revocation, to receive confidential information and to perform on behalf of the taxpayer (s) the following acts for the above tax matters:

(Strike through any of the following which are NOT granted.)

To receive, but not to endorse and collect, checks in payment of any refund of state taxes, penalties or interest.

To execute waivers (including offers of waivers) of restrictions on assessment or collection of deficiencies in tax and waivers of notice of disallowance of a claim for credit or refund.

To execute consents extending the statutory period for assessment or collection of taxes.

To execute closing agreements.

To represent taxpayer (s) at preliminary reviews and administrative hearings. (Must be an attorney, person authorized by law to practice accountancy or partner or corporate officer of taxpayer as provided by the Administrative Hearing Procedures.)

Other acts (specify) DISSOLUTION OF CORPORATION

Notices and other written communications in proceedings involving the above matters shall be sent to the above named attorney (s) so long as this power of attorney remains in effect.

Copies to be sent to the taxpayer (s).

This power of attorney revokes all earlier powers of attorney and tax information authorizations on file with the Division of Taxation office for the same matters and years or periods covered by this form, except the following:

(Specify to whom granted, date, and address including zip code, or refer to attached copies of earlier powers and authorizations.)

Signature of or for taxpayer (s)

If signed by corporate officer, partner, or fiduciary on behalf of the taxpayer, I certify that I have authority to execute this power of attorney on behalf of the taxpayer.

x [Signature] (Signature) (Title, if applicable) (Date)

This declaration must be completed by the attorney, certified public accountant, licensed public accountant, or enrolled agent.

I declare that I am not currently under suspension or disbarment from practice before the Division of Taxation and that:

- I am a member in good standing of the bar of the highest court of the jurisdiction indicated below; or
- I am duly qualified to practice as a certified public accountant in the jurisdiction indicated below; or
- I am a licensed public accountant in the jurisdiction indicated below.
- I am actively enrolled to practice before the Internal Revenue Service.

Designation (Attorney, C.P.A., L.P.A., or enrolled agent)	Jurisdiction (State, etc.)	Signature	Date
CPA	CT	<i>N. J. Harris</i>	12/22/2014

If the power of attorney is granted to a person other than an attorney, certified public accountant, or licensed public accountant, or enrolled agent, it must be witnessed or notarized below.

The person (s) signing as or for the taxpayer (s): (Check and complete ONE.)

- is/are known to and signed in the presence of the two disinterested witnesses whose signatures appear here:

(Signature of Witness) (Date)

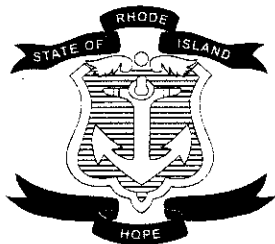
(Signature of Witness) (Date)

- appeared this day before a notary public and acknowledged this power of attorney as a voluntary act and deed.

(Signature of Notary) (Date) NOTARIAL SEAL (If required)

2015 JUN 19 AM 10:23
 DEPARTMENT OF STATE
 REGISTRATIONS UNIT

54226



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

NIPUL AMIN, CPA
1032 ALEX DR
NORTH BRUNSWICK, NJ 08902-5700

LETTER OF GOOD STANDING

It appears from our records that **CONNECTICUT FIBERS INC** has filed all the required returns due for this letter of good standing and paid all known tax liabilities as of this date. **CONNECTICUT FIBERS INC** is in good standing with the Rhode Island Division of Taxation as of **05/22/2015**. 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.

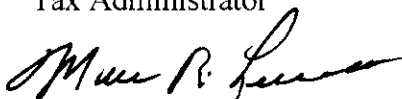
This letter is issued pursuant to the request of the above named corporation for the purpose of:

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,


David M. Sullivan
Tax Administrator



Marc Levasseur, Supervising Revenue Officer

Compliance and Collections

16381981:10718203
DLN: 0356753001

FILED

JUN 19 2015

BY Ch 251251
10:23

2015 JUN 19 AM 10:23
SECRET
STATE
TAX
DIVISION



State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island
and Providence Plantations, 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:

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive, written in a professional style.

Nellie M. Gorbea
Secretary of State

